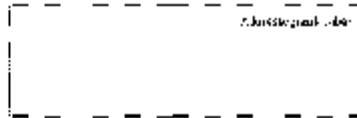


Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

SCHEDULE 1

Regulation 6

Form 1



Authorised on for the burial or the removal of a still born baby which may take place within 7 days
To be completed by the nearest relative

It is to be returned to the hospital with the child

You should complete this form after you have spoken to your or signatory contact who will explain if a coffin is available to you in your area. These options are set out in the box above.

You should also indicate the name of nearest relative (and the relationship to baby) authorising the hospital to make the arrangements. Please circle your chosen option in the box above.

The hospital will then normally arrange the burial or cremation to take place before 7 days if you wish to change your decision. If you have no objection to the burial or cremation taking place before 7 days, please tick the box below.

- I authorise the hospital to arrange the burial or cremation for 7 days (with agreement) and I understand that, by doing so, I may not be able to change my decision.

Notes:

When you submit this form, you will receive a copy of the form as well as a copy of the form. The hospital will provide a receipt for this. You can contact your hospital if you need further assistance.

Signature

Your name (BLOCK CAPITALS) _____

Your address (BLOCK CAPITALS) _____

Your signature _____

Witness Name (BLOCK CAPITALS) _____

Witness Address and Postcode (BLOCK CAPITALS) _____

Witness Signature _____

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Notes:

This form should be completed by the nearest relative, when authorising the hospital to arrange the burial or cremation of a stillborn baby which may take place within 7 days.

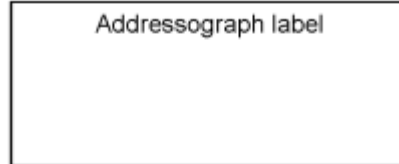
The hierarchy of nearest relatives who can authorise the hospital to make the arrangements is set out below:

- the stillborn baby's parent
- the stillborn baby's brother or sister (16 years or older)
- the stillborn baby's grandparent
- the stillborn baby's uncle or aunt (16 years or older)
- the stillborn baby's cousin (16 years or older)
- the stillborn baby's niece or nephew (16 years or older)

SCHEDULE 2

Regulation 8

Form 2



Authorisation for burial or cremation following pregnancy loss

This form is used to record your wishes. You do not have to make a decision straight away, you can take time to consider the option that is best for you. When you come to a decision please complete **Section A**.

If you do not wish to discuss the options and wish to authorise the hospital to make the arrangements of your behalf, please proceed to **section B**.

Section C of this form is completed if you change your decision.

Section D of this form is completed where you authorise the hospital to arrange the burial or cremation within 7 days (where possible).

Section E of this form is completed if you do not inform the hospital of your decision.

Help and support

If you have any questions about the option you have chosen or any other part of the process, for example the date on which the burial or cremation will take place, please ask your designated contact or call the telephone number below.

Contact telephone number _____

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Section A – Your wishes for burial or cremation

Hospital to list available options here, including the option to make own arrangements and a description of the hospital's standard procedure.

- Hospital staff have explained the options to me and I understand the options available.

Please circle your chosen option in the box above.

Making your own arrangements

If you are making your own arrangements but are not taking your pregnancy loss with you straight away please contact the hospital as soon as you have made the arrangements. If you have not contacted the hospital within 6 weeks following your pregnancy loss, or if you have informed the hospital of your arrangements but your pregnancy loss has not been collected within the 6 weeks, the hospital may make arrangements for burial or cremation of your pregnancy loss in line with the hospital's standard procedure.

Authorised individual

If you would like to authorise someone else who is 16 years or older to make the arrangements on your behalf please provide their name and contact details below. If you would like to specify burial, cremation or that the hospital decides on the arrangements, please write your wishes in the box below:

[Empty box for writing wishes]

Name of individual [BLOCK CAPITALS]
Address and postcode of individual [BLOCK CAPITALS]
Relationship to you:
Contact details for individual:

Ashes

For shared or individual cremation, crematorium staff will make every effort to recover ashes. If ashes are not recovered, the Inspector of Cremation will investigate the reasons for this.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

If you choose shared cremation, individual ashes will not be available for collection. Shared ashes will be buried or scattered in line with the crematorium's standard procedure.

If you choose individual cremation, you can instruct what happens to the individual ashes that are recovered.

Hospital Examination

If you have given authorisation for the hospital to examine your pregnancy loss, there is a possibility that there will be no tissue left for burial or cremation following examination.

Signature

Your name [BLOCK CAPITALS].....
Your address and postcode [BLOCK CAPITALS]
Signature..... Date.....

Witness name [BLOCK CAPITALS]..... Job title.....
Witness Address and Postcode [BLOCK CAPITALS]
Witness signature Date.....

If, after discussing the options, you would like more time to consider your decision, please tick the box below.

I would like more time to consider my decision.

Please contact the hospital on the number below as soon as you have reached a decision.

Hospital telephone number: _____

Section B - Decline to discuss

I have declined to discuss this matter and understand that the hospital will proceed according to its standard procedure.

Signature

Your name [BLOCK CAPITALS].....
Your address and postcode [BLOCK CAPITALS]
Signature..... Date.....

Witness name [BLOCK CAPITALS]..... Job title
Witness Address and Postcode [BLOCK CAPITA.....
Witness signature Date.....

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Section C – Changing your decision

Please record your new decision in the box below.

Making your own arrangements

If you are making your own arrangements but are not taking your pregnancy loss with you straight away please contact the hospital as soon as you have made the arrangements. If you have not contacted the hospital within 6 weeks following your pregnancy loss, or if you have informed the hospital of your arrangements but your pregnancy loss has not been collected within the 6 weeks, the hospital may make arrangements for burial or cremation of your pregnancy loss in line with the hospital's standard procedure.

Authorised individual

If you would like to authorise someone else who is 16 years or older to make the arrangements on your behalf please provide their name and contact details below. If you would like to specify burial, cremation or that the hospital decides on the arrangements, please write your wishes in the box below:

Name of individual [BLOCK CAPITALS]
Address and postcode of individual [BLOCK CAPITALS]
Relationship to you:
Contact details for individual:

Ashes

For shared or individual cremation, crematorium staff will make every effort to recover ashes. If ashes are not recovered, the Inspector of Cremation will investigate the reasons for this.

If shared cremation is chosen, individual ashes will not be available for collection. Shared ashes that are recovered will be buried or scattered in line with the crematorium's standard procedure.

If you choose individual cremation, you can instruct what happens to the individual ashes that are recovered.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Corrected version of the extract of Form 2 "Authorisation for burial or cremation following pregnancy loss" (Section C continued plus Sections D and E) which appears on page 17 of S.S.I. 2018/384

Hospital Examination

If you have given consent for the hospital to examine your pregnancy loss there is a possibility that there will be no tissue left for burial or cremation following examination.

Signature (secure the patient's signature where possible)

Your name [BLOCK CAPITALS].....
Your address and postcode [BLOCK CAPITALS]
Signature..... Date.....

Witness name [BLOCK CAPITALS].....
Job title.....
Witness Address and Postcode [BLOCK CAPITALS]
Witness signature
Date.....

Section D - Date of burial or cremation

The hospital will not normally arrange the burial or cremation to take place before 7 days, in case you wish to change your decision. If you have no objection to the burial or cremation taking place before 7 days, please tick the box below.

I authorise the hospital to arrange the burial or cremation before 7 days (where possible) and I understand that by doing so I may not be able to change my decision.

Signature

Your name [BLOCK CAPITALS].....
Your address and postcode [BLOCK CAPITALS]
Signature.....
Date.....

Witness name [BLOCK CAPITALS].....
Job title.....
Witness Address and Postcode [BLOCK CAPITALS]
Witness signature
Date.....

Section E – Where no decision has been made

Where the hospital has not been informed of a decision, the hospital should record that fact in the box below and, where possible, secure the patient's signature.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Corrected version of the extract of Form 2 "Authorisation for burial or cremation following pregnancy loss" (Section E continued) which appears on page 18 of S.S.I. 2018/384

Signature

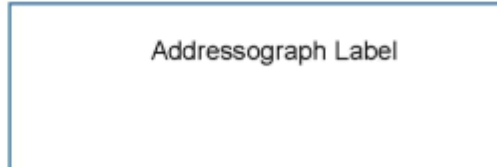
Your name [BLOCK CAPITALS].....
Your address and postcode [BLOCK CAPITALS]
Signature..... Date.....

Witness name [BLOCK CAPITALS]..... Job title.....
Witness Address and Postcode [BLOCK CAPITALS]
Witness signature Date.....

SCHEDULE 3

Regulation 9

Form 3



**Authorisation for burial or cremation following pregnancy loss
To be completed by the authorised individual**

This form is used to record your wishes. When you come to a decision please complete **Section A**.

Section B of this form is completed where you authorise the hospital to arrange the burial or cremation within 7 days (where possible).

Section C of this form is completed if you do not inform the hospital of your decision.

Help and support

If you have any questions about the option you have chosen or any other part of the process, for example the date on which the burial or cremation will take place, please ask your designated contact or call the telephone number below.

Contact telephone number _____

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Section A

Options:

Hospital to list all available options here, including option to make own arrangements and a description of the hospital's standard procedure.

I (name of the authorised individual)
..... (relationship to patient) have been authorised to make the arrangements for burial or cremation.

Hospital staff have explained the options to me and I understand the options available.

Please circle the chosen option in the box above.

Making your own arrangements

If you are making your own arrangements but are not taking the pregnancy loss with you straight away please contact the hospital as soon as you have made the arrangements. If you have not contacted the hospital within 6 weeks following your pregnancy loss, or if you have informed the hospital of your arrangements but your pregnancy loss has not been collected within the 6 weeks, the hospital may make arrangements for burial or cremation of your pregnancy loss in line with the hospital's standard procedure.

Arrangements in line with the patient's wishes

I authorise the hospital to make the arrangements in line with the patient's wishes (if you know the patient's wishes, please write them in the box below).

Ashes

For shared or individual cremation, crematorium staff will make every effort to recover ashes. If ashes are not recovered, the Inspector of Cremation will investigate the reasons for this.

If you choose shared cremation, individual ashes will not be available for collection. Shared ashes will be buried or scattered in line with the crematorium's standard procedure.

If you choose individual cremation, you can instruct what happens to the individual ashes that are recovered.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Corrected version of the extract of Form 3 "Authorisation for burial or cremation following pregnancy loss - To be completed by the authorised individual" (Section A continued plus sections B and C) which appears on page 21 of S.S.I. 2018/384

Hospital Examination

If the patient has given authorisation for the hospital to examine their pregnancy loss, there is a possibility that there will be no tissue left for burial or cremation following examination.

Signature

Your name [BLOCK CAPITALS].....
Your address and postcode [BLOCK CAPITALS]
Signature..... Date.....

Witness name [BLOCK CAPITALS]..... Job title.....
Witness Address and Postcode [BLOCK CAPITALS]
Witness signature
Date.....

Section B - Date of burial or cremation

The hospital will not normally arrange the burial or cremation to take place before 7 days, in case you wish to change your decision. If you have no objection to the burial or cremation taking place before 7 days, please tick the box below.

I authorise the hospital to arrange the burial or cremation before 7 days (where possible) and I understand that by doing so I may not be able to change my decision.

Signature

Your name [BLOCK CAPITALS].....
Your address and postcode [BLOCK CAPITALS]
Signature..... Date.....

Witness name [BLOCK CAPITALS]..... Job title.....
Witness Address and Postcode [BLOCK CAPITALS]
Witness signature
Date.....

Section C – Where no decision has been made

Where the hospital has not been informed of a decision, the hospital should record that fact in the box below and, where possible, secure the signature of the authorised individual.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Corrected version of the extract of Form 3 "Authorisation for burial or cremation following pregnancy loss - To be completed by the authorised individual" (Section C continued) which appears on page 22 of S.S.I. 2018/384

Signature

Your name [BLOCK CAPITALS].....
Your address and postcode [BLOCK CAPITALS]
Signature.....
Date.....

Witness name [BLOCK CAPITALS].....
Job title.....
Witness Address and Postcode [BLOCK CAPITALS]
Witness signature
Date.....

Status: *This is the original version (as it was originally made). This item of legislation is currently only available in its original format.*

Notes:

This form should be completed by the authorised individual when arranging the burial or cremation of a pregnancy loss up to and including 23 weeks and 6 days gestation.

The authorised person must be 16 years or older.

If it is not possible to obtain the signature of the authorised person, a member of staff should sign the last part of Section C.

SCHEDULE 4

Regulation 10

REGISTER OF PREGNANCY LOSS

PART 1

(Information where the health authority is authorised to make arrangements by virtue of the provisions specified in regulation 10(2))

A. Details of woman

- Woman's surname
- Woman's patient identifier

B. Details of remains of fetus or stillborn child buried or cremated

- Unique identification number (assigned by the hospital and entered into the cremation register by the crematorium)
- The gestational age of the fetus or still-born child

C. Details of authorisation

- The name of the individual to whom the authorisation to make arrangements for the remains of the fetus or stillborn baby to be buried or cremated is communicated and the date on which the authorisation is given
- That the woman has authorised the health authority to make arrangements for the burial or cremation (where applicable)
- Where the woman does not provide authorisation—
the name of the individual who made the decision to authorise the health authority to make arrangements for burial or cremation of the fetus and the individual's relationship to the woman; or
the name of the individual who made the decision to authorise the health authority to make arrangements for the burial or cremation of the still-born child and the individual's relationship to the still-born child
- The way in which the remains of the fetus or still-born child are to be buried or cremated as specified in the decision to authorise the health authority to make arrangements for burial or cremation (where applicable)
- Where there is a change in a decision to authorise the health authority or an individual of, or over the age of, 16 to make arrangements for the burial or cremation of the fetus or still-born child, a record of all changes made including a change in the way in which the remains are to be buried or cremated and a change to who is authorised to make the arrangements for burial or cremation

D. Details of burial or cremation

- The name of the individual who collected the fetus or still-born child from the mortuary and the date of collection
- That the remains of the fetus or still-born child were buried or cremated (whichever is the case)
- The place of the burial or cremation (whichever is the case)

PART 2

(Information where the health authority is authorised to make arrangements by virtue of the provisions specified in regulation 10(3))

A. Details of woman

- Woman's surname
- Woman's patient identifier

B. Details of remains of fetus or stillborn child buried or cremated

- Unique identification number (assigned by the hospital and entered into the cremation register by the crematorium)
- The gestational age of the fetus or still-born child

C. Details of authorisation

- The basis on which the health authority is authorised to make arrangements for the burial or cremation of the fetus or still-born child

D. Details of burial or cremation

- The name of the individual who collected the fetus or stillborn baby from the mortuary and the date of collection
- That the remains of the fetus were buried or cremated (whichever is the case)
- The place of the burial or cremation (whichever is the case)