FORM B3

Register of Cremation of Stillbirth and Pregnancy Loss

Re	Register of Cremation of Stillbirth	Stillbirth and Pregnancy Loss		CREI
ame of crematorium]	natorium]			MATION
	(q)	(c)		REG
HS mber*	Name**	Name and address of the applicant*	Dispersal of ashes information (including if none were recovered)	ISTER -
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mation is ap	mation is applied for by a health body/authority.	authority.		NCY LO
o the baby ()	o the baby (if one has been given).			OSS

Regulation 15(1)(c)

SCHEDULE 11