

SCHEDULE 11

Regulation 15(1)(c)

CREMATION REGISTER – STILLBIRTH AND PREGNANCY LOSS

FORM B3

Register of Cremation of Stillbirth and Pregnancy Loss

[Name of crematorium]

	(b)	(c)	
HS number*	Name**	Name and address of the applicant*	Dispersal of ashes information (including if none were recovered)

Information is applied for by a health body/authority.

to the baby (if one has been given).