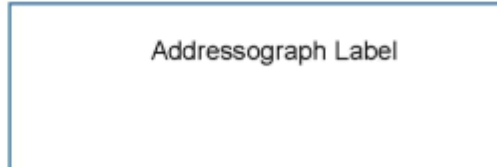


SCHEDULE 3

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**Status:** This is the original version (as it was originally made).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.