

TO WHOM IT MAY CONCERN

This is to confirm that

of

whose baby was stillborn / died on _____

has / have taken their baby's body from

Date _____

They will be:

☐ returning the body to the hospital on _____

☐ making their own funeral arrangements.

Name of authorising member of staff _____

Position _____

Signature _____

Date _____

In case of concern, or if confirmation is needed, please contact:
