

Name of hospital/health board _____

Form for parents who take their baby's body home

To whom it may concern

This is to confirm that (name(s) of parent(s)

of (address) _____

Who had a late miscarriage, stillbirth or neonatal death on (date) _____

have taken their baby from (name and address of hospital)

Date _____

I/we the parent(s) hereby take full responsibility for our baby whilst he/she is in our care. We will (tick where appropriate)

☐ return our baby to the hospital on (date) _____

☐ make our own funeral arrangements

Parent(s) name(s) please print:

Signature _____ Signature _____

Name of staff member (please print) _____

Position (please print) _____

Signature _____

In case of concern please contact:

Staff member's name _____ Job Title _____

Department direct line _____ Signature _____

24-hour phone contact for support _____