

EXPLANATION OF MOUNT JEROME CREMATORIUM MISCARRIAGE / STILL BIRTH CREMATION FORMS

Please note that the below miscarriage / stillbirth forms **ONLY** apply to babies that have died during pregnancy (i.e. an intra-uterine death of any gestational length).

If a baby has been born and has lived for any length of time (i.e. death occurred post-natally even if in the immediate post-natal period), then the normal 6 page adult / infant set of cremation forms apply..

Confirmatory Form A & B combined

This 1 page form is to be completed by the Applicant which must be one of the parents. The Applicant fills in details of him / herself, those of the deceased baby and what type of urn is to be used for the ashes. The Applicant must sign their name at the bottom of this form.

Medical Form C

This 1 page form is to be completed **ONLY** by the Registered Midwife or Doctor (post intern year) who attended the mother at the time of the miscarriage / stillbirth. The Registered Midwife or Doctor must satisfy the 4 criteria listed before answering the 4 questions listed.

Mount Jerome Crematorium

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MISCARRIAGE / STILL BIRTH CREMATION FORMS

Confirmatory and Application Forms A & B combined

Name of Deceased Baby.....

Place of Death.....Date of Miscarriage/Still Birth.....

How long was the pregnancy (weeks).....Sex.....

Cremation to take place: Day..... Date.....

Name of Applicant (a parent)

Address.....

..... Phone No.....

Have you employed a funeral director? Yes / No..... If so, what is the name of the funeral director?

..... Phone No.....

Please note that no batteries, bottles or electronic devices are permitted to be cremated with the deceased as these items will damage the cremator. The applicant will be held personally responsible for the repair costs resulting from such damage.

The below answers must be completed by the Applicant:

1. Are you a parent of the baby? Yes No

If NOT then please explain why you are making this application.....

.....

2. Have both parents been informed of this proposed cremation? Yes No

3. Has any parent expressed an objection to this proposed cremation? Yes No

If yes, please explain reason why

.....

.....

4. Was the miscarriage/still birth of your baby due to natural causes? Yes No

5. Do you consider that there should be a further examination of the baby's

remains? Yes No

6. Mode of disposal of cremated remains:

(a) Small White Metal Urn Yes No

(b) Small Ornate Teddy Bear Metal Urn Yes No

(c) Supplied Urn Yes No

Ashes are available for collection 4 working days after the remains of the deceased have been received by the crematorium.

I declare that to the best of my knowledge and belief that the above information given is true and correct.

Date..... Signature of Applicant.....

MOUNT JEROME CREMATORIUM MISCARRIAGE / STILL BIRTH CREMATION FORMS

Medical Form C

DEAR REGISTERED MIDWIFE / DOCTOR, PLEASE READ THE BELOW VERY CAREFULLY

This form is suitable for use only in the case of an intra-uterine death of any gestational length. This includes both stillbirths and early pregnancy loss. Do **NOT** use this form if the death occurred post-natally even if in the immediate post-natal period. The usual 6 page Adult Cremation Forms then apply. If you are unsure that the death resulted from Natural Causes you must refer the case to your Coroner for discussion.

Before you begin to complete this form, you must fulfil all the below criteria first:

- (a) Only a Registered Midwife or Doctor who has attended the mother and baby can complete this form. It is not permitted for 2 Midwives or Doctors to co-complete or co-sign this form.
- (b) You must have attended the mother/baby during the management of the delivery/end of pregnancy
- (c) You must be satisfied that the death/end of pregnancy occurred due to natural causes
- (d) You must report the death to your Coroner, if applicable.

If you do not fulfil **ALL** of the above criteria, then STOP! You cannot continue.

Medical Cremation Form C

Name of deceased baby.....Sex.....

Name of mother.....Her Phone Number.....

Address.....

I am a registered Midwife Doctor Hospital Name.....

1. (a) Did you attend the mother during her pregnancy? (a).....

(b) If so for how long? (b).....

2. (a) At what stage in the pregnancy (weeks) did the miscarriage / stillbirth occur? (a).....

(b) Date of miscarriage / stillbirth (b).....

3. What was the cause of the miscarriage / stillbirth (if known)?

4. (a) Has a post mortem or any other pathological examination been performed? (a).....

(b) If so, please give details (b).....

I hereby certify that the answers given above are true and accurate to the best of my knowledge and belief.

Name (please insert name in block capitals).....

Date.....Signature.....

Telephone No.....Address.....

Registered Qualification.....