

EXPLANATION OF MOUNT JEROME CREMATORIUM PREGNANCY LOSS CREMATION FORMS

Please note that the below pregnancy loss 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 set of cremation forms apply.

Confirmatory Form A & B combined

This 1 page form is to be completed by the Applicant which must be the mother or her spouse. An unmarried father cannot be the applicant. The Applicant fills in their own details, those of the deceased baby and what type of urn 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 / lawful T.O.P. (medical/surgical). The Registered Midwife or Doctor must satisfy the 4 criteria listed at the top of the form before answering the 4 questions listed.

Mount Jerome Crematorium

158 Harold's Cross Road, Dublin 6W HY98
Telephone: 01 497 1269 Fax 01 496 0994
Email: medref@mountjerome.ie

PREGNANCY LOSS CREMATION FORMS

Confirmatory and Application Forms A & B combined

Name of Deceased Baby.....

Place of Death..... Sex.....

How long was the pregnancy (weeks)..... Date of pregnancy loss.....

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

Name of Applicant (Mother or her Spouse)

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. (Mother or her Spouse):

1. Are you the mother 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. Was the miscarriage/still birth of your baby due to natural causes? Yes ☐ No ☐

4. Do you consider that there should be a further examination of the baby's remains? Yes ☐ No ☐

5. Urn choice

Buttermilk Rigid Box ☐ White Metal Urn ☐ Small Wooden Casket ☐ Pink/Blue Metal Teddy Bear Urn ☐ Supplied by either the Applicant or Funeral Director ☐

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 PREGNANCY LOSS 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 miscarriages, stillbirths, and lawful T.O.P. (medical/surgical). 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.

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 or lawful T.O.P. (medical/surgical)
- (d) You must report the death to your Coroner, if applicable. i.e. All still births more than 23 weeks gestation or 400g, all intrapartum and infant deaths **must** be reported to your coroner.

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) Was the death/end of pregnancy a miscarriage ☐ a stillbirth ☐ or a lawful T.O.P. (medical or surgical) ☐

(b) At what stage in the pregnancy (weeks) did the miscarriage / stillbirth / lawful T.O.P. (medical/surgical) occur? (b).....

(c) Date of miscarriage / stillbirth / lawful T.O.P. (medical/surgical) (c).....

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

N.B.: All still births more than 23 weeks gestation or 400g, all intrapartum and infant deaths **must** be reported to your coroner.

4. (a) Has the death been reported to your coroner?
What was the outcome? (a).....

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

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

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.....