

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 \_\_\_\_\_