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EXPLANATION OF STILL BIRTH CREMATION FORMS

Please note that the below forms **ONLY** apply to babies that have died during pregnancy. If a baby had been born and had lived for any length of time, 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 (with the help of a funeral director if one has been employed). The Applicant must be the nearest surviving relative to the deceased baby.

The Applicant fills in details of him / herself, those of the deceased baby and what type of urn / casket for the ashes. The Applicant must sign their name at the bottom of this form.

Medical Form C

This 2 page form is to be completed **ONLY** by an attending Doctor (not 2 Doctors or more!) who attended the mother and baby during the pregnancy. The Doctor must satisfy the 5 criteria listed before answering the 10 questions listed.

Coroner's Certificate for Cremation Form D

This form is issued by the Coroner appointed to the area where the deceased baby passed away. This form is completed by the Coroner when (a) no Doctor can successfully complete Form C and (b) when the death is due to unnatural causes i.e. car accident, violence, drug related, negligence, etc.

STILL BIRTH CREMATION FORMS

Confirmatory and Application Forms A & B combined

Name of Deceased Baby.....

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

How long was the pregnancy (weeks)..... Date of Death/End of Pregnancy.....

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

Name of Applicant (must be the Nearest Surviving Relative to the deceased baby)

.....

Address.....

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 the nearest surviving relative to the deceased baby?

2. If answer to 1 is "NO"

(a) Your relationship to the deceased baby (a).....

(b) The reasons why the application is made by you and not by the nearest surviving relative (b).....

.....
(c) Has the nearest surviving relative to the deceased baby been informed of the proposed cremation? (c).....

3. Do you know or have any reason to suspect that the death of the deceased baby was due directly or indirectly to anything other than Natural Causes?

Yes/No.....

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

Date..... Phone Number

Signature of Applicant.....

STILL BIRTH CREMATION FORMS

Medical Form C

DEAR DOCTOR, PLEASE READ 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 still-births 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 Cremation Form then applies. 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 Doctor who has attended the mother and baby can complete this form. It is not permitted for 2 Doctors to co-complete or co-sign this form.
- (b) You must have some knowledge of the medical history of the mother and baby
- (c) You must have attended the mother/baby during the management of the delivery/end of pregnancy
- (d) You must be satisfied that the death/end of pregnancy occurred due to natural causes
- (e) You must be fully registered on the Medical Register of Ireland (i.e. Post-Intern year)
- (f) 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.....

Name of mother.....

Address.....

Place of death.....

1. (a) Did you attend the mother during her pregnancy? (a).....
(b) If so for how long? (b).....
(c) At what stage in the pregnancy (weeks) did the
intra uterine death / miscarriage occur? (c).....

2. (a) Did you attend the mother on this presentation? (a).....
(b) Were you present at the delivery? (b).....

3. (a) Did a post mortem or any other pathological
examination take place? (a).....
(b) If so, by whom was it performed? (b).....

4. When did the death / end of pregnancy take
place (approximately)?

5. When and where was the death / end of pregnancy
confirmed?

6. Cause of death / end of pregnancy: **NO ABBREVIATIONS**

		Approximate interval between onset and death
I.	I.	
Disease or condition Directly leading to death	(a)..... due to (or as a consequence of)
Antecedent causes Morbid conditions, if any giving rise to the above cause, stating the underlying condition last	(b)..... due to (or as a consequence of)
	(c).....
II.	II.	
Other significant conditions contributing to the death but not related to the disease or condition causing it.

7. (a) State how far the answer to the question is the result of your own observation (a).....
 (b) If not your own observation, what was the source of your information? (b).....

8. Who were the persons involved in the treatment / care of the mother at this time?

9. Have you any reason to suspect that the death occurred due to :

(a) Trauma (Accidental or Non-Accidental)	Yes/No.....
(b) Negligence or Misconduct	Yes/No.....
(c) Allegation of Malpractice on the part of others (eg during delivery)	Yes/No.....
(d) Poison, Alcohol. Drug Related (Including Maternal Drug Addiction)	Yes/No.....
(e) Unnatural Death	Yes/No.....
(f) Question of Criminal Offence (Including Concealment of Birth, Want of Attention at Birth and Procured Abortion)	Yes/No.....

10. (a) Has this death been reported to or discussed with your coroner? Yes/No.....
You must discuss this case with your Coroner if you are not entirely satisfied that the birth was a still-birth in the case of a potentially viable foetus.
 (b) If so, what was the outcome of the discussion?

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.....Mobile No.....

Address.....

Registered Qualification..... Medical council number.....

Year and month of Full Registration on the Medical Register of Ireland (not provisional).....