Application for Cremation of Foetal Remains

Form A NVF no:

I, (full name)

Of (address)

Telephone: Email:

Being the parent make an application for the cremation of:

Name:

Delivered on:

At: (address)

I certify that I have no reason to suspect that the duration of pregnancy was shortened by any unlawful act and know of no reason why any further enquiry or examination should be made.

I acknowledge that it may not be possible to recover any remains following the cremation.

Name:

Signature:

Date:

Please note: It is only possible for one parent to sign this form and that parent will be the only person we can take instructions from regarding the ashes.