

# Medical form for cremation or burial

## Confirming that fetal remains are less than 24 weeks' gestation

I hereby certify that I have examined [insert name if given]

the fetus of [Parent(s)' names]:

Delivered on [date]

was of a gestation up to and no more than 24 weeks and showed no signs of life.

I know of no reason why any further enquiry or examination should be made.

Name .....

Signature .....

Registered qualifications .....

Address .....

Telephone number .....

Date .....

**The above signatory must be a registered doctor, nurse or midwife who delivered or examined the fetus.**