

Form for parents who take their baby's body home

Note: Change baby to fetus if requested by parents.

[DELETE THIS SENTENCE]

To whom it may concern

This is to confirm that (name(s) of parent(s))

of (address)

Have taken their baby's body from (name and address of hospital)

.....

.....

Date

I / We, the parent(s), hereby take full responsibility for our baby whilst they are in our care.

We will (tick as 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)

In case of need or concern please contact:

Staff member's name Job title

Department direct line Signature

24-hour phone contact for support

Name of hospital/Trust/health board