

Form F (Stillborn Child)

For office use only

Cremation number: _____

Authority to Cremate

Whereas application has been made for the cremation of the remains of the stillborn child of

Name of mother: _____

Name of father: _____

Address: _____

And whereas I have satisfied myself that the relevant requirements of the Cremation Act, 1902, and of the Cremation (Belfast) Regulations (Northern Ireland) 1961, have been complied with, that the child was stillborn, and that there exists no reason for any further inquiry or examination;

I hereby authorise the Crematorium Manager of to cremate the said remains.

Signature: _____

Medical Referee

Date: _____