

DISPOSAL OF FETAL AND OTHER HUMAN TISSUE	CLINICAL GUIDELINES Register No: 05128 Status: Public
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Developed in response to:	RCOG; NICE Guidance
CQC Fundamental Standard:	11, 12

Consulted With:	Post/Committee/Group:	Date:
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1.1	Sue Barnes	5th April 2006
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3.1	Anne Powell – Clarification to Appendix A and B	29 August 2016
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1.0 Purpose

- 1.1 To ensure that fetal tissue is always disposed of appropriately and in a manner that is sensitive to the wishes of the mother or couple.
- 1.2 To provide the due respect to the lost potential of the fetus developing into a fully formed human being.

2.0 Equality and Diversity

- 2.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible, and meets the needs of all individuals.

3.0 Scope of Policy

- 3.1 There are 2 types of tissue covered in this policy and these are dealt with in two separate sections

a) SECTION A – Human Tissue Disposal

Nothing in this section relates to the disposal of fetal material

b) SECTION B – Fetal Tissue Disposal

Nothing in this section relates to the disposal of any other human tissue

SECTION A HUMAN TISSUE DISPOSAL

4.0 The Human Tissue Act

- 4.1 The Human Tissue Act makes it lawful to treat as 'waste' any relevant material which has come from a person who was:

- In the course of receiving medical treatment
- Undergoing diagnostic treatment
- Participating in research

- 4.2 It also states that material no longer used, or stored for any scheduled purpose, can be dealt with as waste. Material taken from the living will therefore be disposed of by incineration.

- 4.3 To ensure remains are disposed of with respect, stored human body parts, organs and tissue, will be disposed of separately from other clinical waste.

5.0 Legal Frameworks Supporting this Policy

- Waste Disposal Policy which is supported by a contract with the Trust's nominated contractor(s)
- Waste Disposal Data sheet no. 4, which covers disposal of anatomical waste
- Environmental Protection Act 1990

- Waste Management Licensing Regulations 1994 as amended 1995, 1996, 1997 and 1998
- Human Tissue Act 2004

6.0 Patients' Wishes

5.1 Some patients may wish to retain tissue samples or make their own arrangements for disposal. The Trust will consider such requests on a case- by- case basis, assessing the risk to the patient and others. Patients are advised to discuss their preferences with their Consultant to enable them to make an informed decision.

7.0 Organs/Tissues Removed After Death

7.1 Tissues and organs should be handled in accordance with any reasonable wishes expressed by relatives or the deceased person, as long as the method of disposal is legal.

7.2 The time, place, and method of disposal should be recorded.

7.3 The Hospital Bereavement Office can offer relatives or friends information about options available for cremation, burial and /or funeral arrangements, the legal requirements and any other relevant details.

7.4 Patient information relating to the miscarriage association is available; and discussed and given out by nursing staff when fetal consent is obtained.

SECTION B – FETAL TISSUE DISPOSAL

8.0 Fetal Tissue Disposal Policy Statement

8.1 Mid Essex Hospital NHS Trust is committed to ensuring that fetal tissue is always disposed of appropriately and in a manner that is sensitive to the wishes of the mother or couple, and provides the due respect to the lost potential of the fetus developing into a fully formed human being.

8.2 MEHT will abide by the guidelines laid down in the Institute of Burial and Cremation Administration (IBCA) policy on the disposal of fetal remains.

8.3 The guideline and procedures apply to all pre-viable babies' bodies or remains regardless of gestation age or the way in which the loss occurred.

8.4 The Trust will keep appropriate records for 25 years, initially at Gosfield Ward (A203).

8.5 On completion of the Fetal Tissue Disposal form (see Appendix A and B); the following copies should be filed in the health care records as follows:

- 1 copy to go with the patient's notes
- 1 copy for Central Records
- 1 copy for the Crematorium (if appropriate)

- 1 copy to Histology

9.0 Scope of the Policy

- 9.1 This policy concerns the dignified disposal (by cremation or burial) of fetal remains from pregnancy loss, up to 16+5 weeks gestation (there is a separate policy for pregnancies over 16+6 weeks gestation). This includes terminations under 14 week's gestation, ectopic pregnancies, and miscarriages.
- 9.2 Babies born with no sign of life after the 24 week of pregnancy are registered as stillbirths and are outside the scope of this policy. Please see 'Patients with Pregnancy Loss' Guidelines 09042
- 9.3 Any baby, irrespective of gestational age, that is born alive and then dies immediately afterwards is a live birth and classed as a neonatal death. Neonatal deaths do not fall within the scope of this policy.
- 9.4 This policy does not cover the disposal of embryos. See the Human Fertilization and Embryology Act (1990), the Human Fertilization and Embryology Authority (HFEA), and the HFEA Code of Practice.

10.0 Communicating with the Family

- 10.1 It is the responsibility of all health professionals and others involved, to deal sensitively and clearly with the family, especially during the early stages of bereavement.
- 10.2 A Chaplain is on call 24 hours a day and may be called in to say prayers. A representative of another faith community can also be contacted through the hospital chaplaincy team to conduct a service of naming and blessing after delivery. Although a baptism is only appropriate to live infants some mothers or couples may specifically request this.
- 10.3 The Trust must advise the mother or couple that information on disposal is available and to discuss these options with them if that is what they wish. The mother or couple must be advised that a chaplain is available should they wish to consult with one at any stage.
- 10.4 Whilst information should be offered to the mother or couple, staff must be aware that some mothers or couples may not wish to have this information.
- 10.5 When options pertain, the mother or parents will be given choices regarding the disposal of fetal remains. At the request of the mother or parents, different arrangements can be made on ethnic or religious grounds.
- 10.6 Any mother or couple who wish to make their own arrangements for disposal may do so. If the mother or couple wish to bury the remains at their home they must be advised that:
- It must not cause any danger to others
 - It must not interfere with any rights other people may have on the land

- There must be no danger to water supplies or watercourses
- There must be no chance of bodily fluid leaking into or onto adjoining land
- The fetal tissue must be buried at a depth of at least 18 inches (45cm)
- Permission must be obtained from the landowner if the parents do not own the land
- Careful thought must be given when considering burial in a garden, taking into account what would happen if the parents moved house or the land is used for a new purpose in the future.
(Refer to Appendix C)

11.0 Photographs

- 11.1 Photographs can be taken at the request of parents. The local charity 'Tiny Souls' are available 24/7 to attend the hospital to take photographs at the family's request.
- 11.2 Hand and foot prints can be taken and given to parents in a memory box, located on Gosfield Ward.

12.0 Procedures

- 12.1 The midwife/registered nurse who is providing care for the mother is responsible for the care of the fetus/ baby until sent to the mortuary/ histology.
- 12.2 The porters have responsibility for transferring the baby to and from the maternity unit if the parents request this. The Mortuary staff release the body to the courier when the baby is transferred for post mortem (PM) at Addenbrooks Hospital and to the funeral directors. This may be done in consultation with Histopathology, the Mortuary or the Trust Chaplain if necessary.
- 12.3 Fetal tissue is subject to special arrangements for handling, storage and disposal, in line with Department of Health guidelines prior to disposal. Fetal tissue under 24 weeks gestation is considered to be the tissue of the mother (under the Human Tissue Act). Over 24 weeks, or if the baby has shown signs of life, this falls under a different guidance
- 12.4 After the completion of any tests, e.g. to confirm that the tissue is fetal remains, fetal tissue from Pathology will be delivered to the mortuary at Broomfield Hospital. All other fetal material from the wards and theatre for disposal will be sent to the mortuary for storage under refrigeration. Any hazardous material should be labelled in the normal way.
- 12.5 Tissue of fetuses less than 16+5 weeks gestation will be placed in designated vessels available on Gosfield Ward and dressed if possible. Above 16+6 weeks all babies are dressed with two identification labels applied, placed in a body bag and then placed into an appropriate sized cardboard coffin which can be obtained from Maternity. A pink mortuary identification card is to be attached to the body bag and outside of the coffin.
(Refer to Appendix D and E)
- 12.6 Tissues sent for cytogenetic examination should also be accompanied by the form stating the parental wishes in regards to sensitive disposal. The tissue for cytogenetic should be sent to GOSH by Courier

(**not** formalin).

- 12.7 Fetal material from the Gynaecological Theatre will be filtered, and the solid matter bagged and boxed with the following information:
- Mother's name and hospital number
 - Number of weeks gestation
 - Date of operation (and AM or PM)
- 12.8 The application for cremation of the fetus/ fetal tissue must be signed:
- On Maternity by a Senior Midwife/Doctor and paperwork given to maternity administration.
 - From Gynaecology Theatre by a Theatre Sister/Consultant or Surgeon
 - From A203 Gosfield Ward, a Senior Nurse or Doctor
 - Copies of these documents must be given to maternity administration staff.
- 12.9 All personnel required to handle fetal materials shall receive appropriate training and support as required in their department.
- 12.10 Any tissue retained for research purposes can only be retained if the mother or couple give their written consent, and with the approval of the Department of Health, and has the consent of the Trust's Research and Ethics Committees working under their clear guidelines.

13.0 Disposal of Fetal Remains

- 13.1 Fetal remains up to 24 weeks have no legal status, therefore there is no legal requirement for their disposal to be registered. However, the Trust completes permission forms.
(Appendix A and Appendix B).
- 13.2 All mothers or couples must be consulted prior to the cremation of the fetus regarding possible objections to cremation. Members of the following faith groups/cultures may particularly object to cremation:
- Muslims
 - Hindus
 - Roman Catholics
 - Mormons (The Church of Jesus Christ of Latter Day Saints)
 - Jews

Some religious beliefs require disposal within 24 hours. When the mother or couple's belief requires this, arrangements must be made by the family.

- 13.3 Written information regarding the disposal of the fetus must be offered to the
- mother or couple. All parents are offered the choice of private or hospital disposal. The Trust require this in writing to authorising the means of disposal. Please refer to Appendix A and Appendix B. If own disposal has been chosen the parents have 6 months to collect the remains. After the 6 months the Trust will take responsibility for the disposal.

Up to 16+5 weeks gestation

- 13.4 Given the volume of fetal remains to be disposed of in a sensitive manner it would be impractical to have the individual cremation of each fetus. Therefore on a monthly basis the contract funeral director will take all the fetal tissue under 12 weeks gestation for cremation.

Where there are communal or multiple cremations of fetuses less than 12 weeks gestation families would not normally be informed.

- 13.5 The Institute of Cemetary and Crematorium Management (ICCM) has agreed that the crematorium or burial grounds can accept one form carrying information of several pregnancy losses, signed by the medical practitioner, midwife or senior nurse. The form, with names recorded, will only need one number as identification.
- 13.6 The Trust and Crematorium will keep accurate records to allow the traceability of fetal remains should the mother or couple request that information in the future. Trust records will be retained for 25 years.
- 13.7 Fetal tissue will be placed in a specific vessel clearly marked to indicate that it contains sensitive material for cremation.
- 13.8 Products containing chloride or fluorides e.g. Polyvinyl chloride (PVC) or Melamine, must not be used. The Federation of British Crematorium Authorities issues regulations on materials that can be safely cremated. Any change of container shall be approved by the Crematorium.
- 13.9 Fetal tissue collected from the mortuary by the contract funeral director or one appointed by the mother or couple must be checked off against the application for cremation. If the family uses a funeral director, other than the contract funeral director, they should be aware that there may be a charge made by the funeral director of their choice for collection of their baby.
- 13.10 The contract or other undertaker will keep the fetus under refrigerated conditions, until the agreed day and time of the cremation or burial.
- 13.11 The funeral director will transport the vessel to the crematorium, one in each coffin except when there are twins, triplets or remains under 12 weeks. On the agreed day and time to be cremated. In these circumstances there is no charge to the family.
- 13.12 There will not normally be a religious service. In these circumstances the fetal tissue will be cremated at the earliest available time in the morning agreed with the crematorium. There is no lower age limit for cremation.
- 13.13 When the mother, couple or relatives wish to attend and require a specific service or ritual, this should be for their fetus only.
- 13.14 The mother or couple should be made aware that they may request their own Priest, Minister, faith representative or the Hospital Chaplain to conduct a service.

- 13.15 For individual cremations (cremation of babies on Maternity are all done individually) the mother or couple should be advised that there may not be any cremated remains (ashes) depending on the age of the fetus. Most cremations after 16 weeks will have some, but it may not be very much.
- 13.16 The contract funeral director (Richards of Witham) will not have a 'communal' service, neither cremation or burial.
- 13.17 Where there has been a multiple cremation, the parents will not receive any cremated remains. Any ashes will be scattered in the baby garden at the Crematorium and duly recorded by the local Crematorium.
- 13.18 The mother or couple should be advised that in the event that they select a burial, many cemeteries have designated areas for babies' graves.
- 13.19 At Chelmsford Cemetery there is a 'common grave', where fetal remains may be buried. The term 'common grave' means that the grave is not owned by the mother or couple. Head stones are not permitted on a common grave. However, graves can be purchased if parents wish to have a personal, identifiable plot.

From 16 to 24 weeks gestation:

- 13.20 Procedures relating to the contract funeral director and Crematorium are as above.

From 24 to 26+5 weeks to a live birth

- 13.21 Over 24 weeks the birth has to be registered either as a stillbirth or as a live birth and neonatal death. This is outside the scope of this policy.
(Refer to the guideline entitled 'Management of patients with Pregnancy Loss'; register number 09042).

14.0 Department of Histopathology

- 14.1 Under 12 weeks fetal tissue will be sent at the request of the parents to histology. After 12 weeks the fetus may be taken to an appropriate hospital for a post mortem, otherwise the fetal remains are brought to the mortuary for storage prior to cremation or burial.
- 14.2 A small proportion of the suspected products of conception or fetal remains come to Histopathology at the request of the obstetric consultant to confirm that the material does consist of products of conception.
- 14.3 All tissue delivered to Histopathology is retained in specimen pots for eight weeks, and after the histological diagnosis (report) has been completed the specimen pots are sent to the mortuary prior to them being taken to the Crematorium. The specimen pots are labelled with a hospital number and the Mother's name. They are sent to the Mortuary with the Permission to Disposal forms (Appendix A and Appendix B) and Form 1C, signed by designated persons.
- 14.4 At three months, a check is carried out to ensure that reports have

been issued, after which the Consent for Disposal of Specimens form is to be completed by the head bio medical scientist. Any remaining specimen pots are taken to the Crematorium

- 14.5 If the fetus is under 24 weeks gestation and showed no sign of life at birth, if the mother or couple request to have the tissue returned to them, they may make the request through the nursing/midwifery staff at Broomfield Hospital. Senior Registrar/Consultant to complete Form 1C (Appendix G – refer to the guideline entitled 'Management of Patient with Pregnancy Loss', Register Number: 09042). The tissue in a labelled specimen pot will be returned to Broomfield Hospital, and returned to the mother or couple. From that point onwards the tissue becomes the property and responsibility of the mother or couple

15.0 Memorial Service

- 15.1 The Chaplaincy offer a memorial service for pregnancy loss every 6 months; this is advertised on the Trust website.

16.0 Responsibilities

- 16.1 It is the responsibility of the general managers to ensure that all appropriate staff are conversant with the relevant recommendations set out in the policy. Staff should keep themselves updated with any changes to the policy.

17.0 References

Trinder J, Brocklehurst P, Porter R, Read M, Vyas S, Smith L. Management of Miscarriage: expectant, medical or surgical? Results of randomised controlled trial (miscarriage treatment (MIST) trial). BMJ 2006; 332(7552): 1235-38

Hinshaw K. The management of early pregnancy loss. RCOG Greentop Guideline. October 2006. RCOG Press, London. (www.rcog.org.uk/guidelines)

National Institute for Clinical Excellence (2012) NICE: London

Miscarriage Association – www.miscarriageassociation.org.uk

www.doh.gov.uk/tissue/pmguideinfo.pdf

www.doh.gov.uk/tissue/pmconsentsimpleguide.pdf

Appendix A

PERMISSION FOR DISPOSAL OF FETAL TISSUE FOLLOWING PREGNANCY LOSS

Name _____

Hospital Number _____

Address _____

Specimen Number (To be completed by Histology) _____

- I request Mid Essex Hospital Trust to arrange sensitive disposal of the tissue following the pregnancy loss procedure.
Some information about me (name, hospital number) will be released to the funeral director and crematorium for identification.

Date _____ / _____ / _____

Signature of patient _____

Name of health professional _____

Designation of health professional _____

Signature of health professional _____

Copy for notes

Copy to mortuary

THIS PAGE MUST BE PRINTED ON BLUE PAPER

Appendix B

PERMISSION FOR OWN DISPOSAL OF PREGNANCY TISSUE

Name _____

Hospital Number _____

Address _____

Specimen Number (To be completed by Histology) _____

- I wish to make my own arrangements for disposal of the fetal tissue and I am taking the remains away from the Hospital with me.
- I understand that I/we are responsible for any costs incurred.
- I understand that if I do not collect remains within 6 months the Trust will take responsibility for the disposal.

Date _____ / _____ / _____

Signature of client _____

Name of health professional _____

Designation of health professional _____

Signature of health professional _____

THIS PAGE MUST BE PRINTED ON ORANGE PAPER

Appendix C

GUIDANCE FOR DISPOSAL OF PREGNANCY TISSUE, AFTER PREGNANCY LOSS BEFORE VIABILITY – MAKING YOUR OWN ARRANGEMENTS

If you wish to make your own arrangements for disposal of the pregnancy tissue, the following options are available:

Private burial or cremation

You may arrange this through a funeral director, but you will incur the costs.

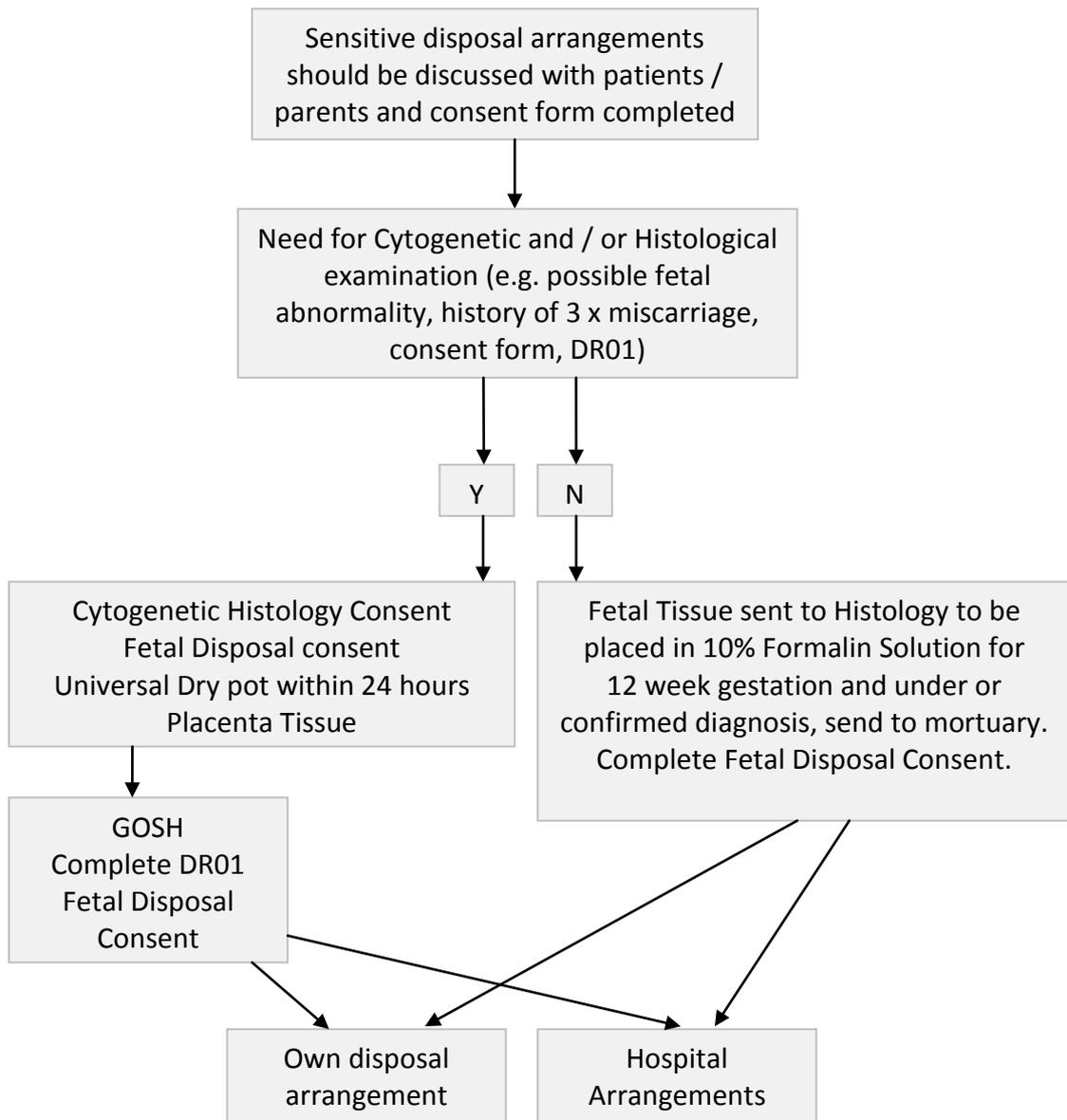
Burial outside a cemetery

You may take the pregnancy tissue home to bury yourself, but the following requirements need to be met:

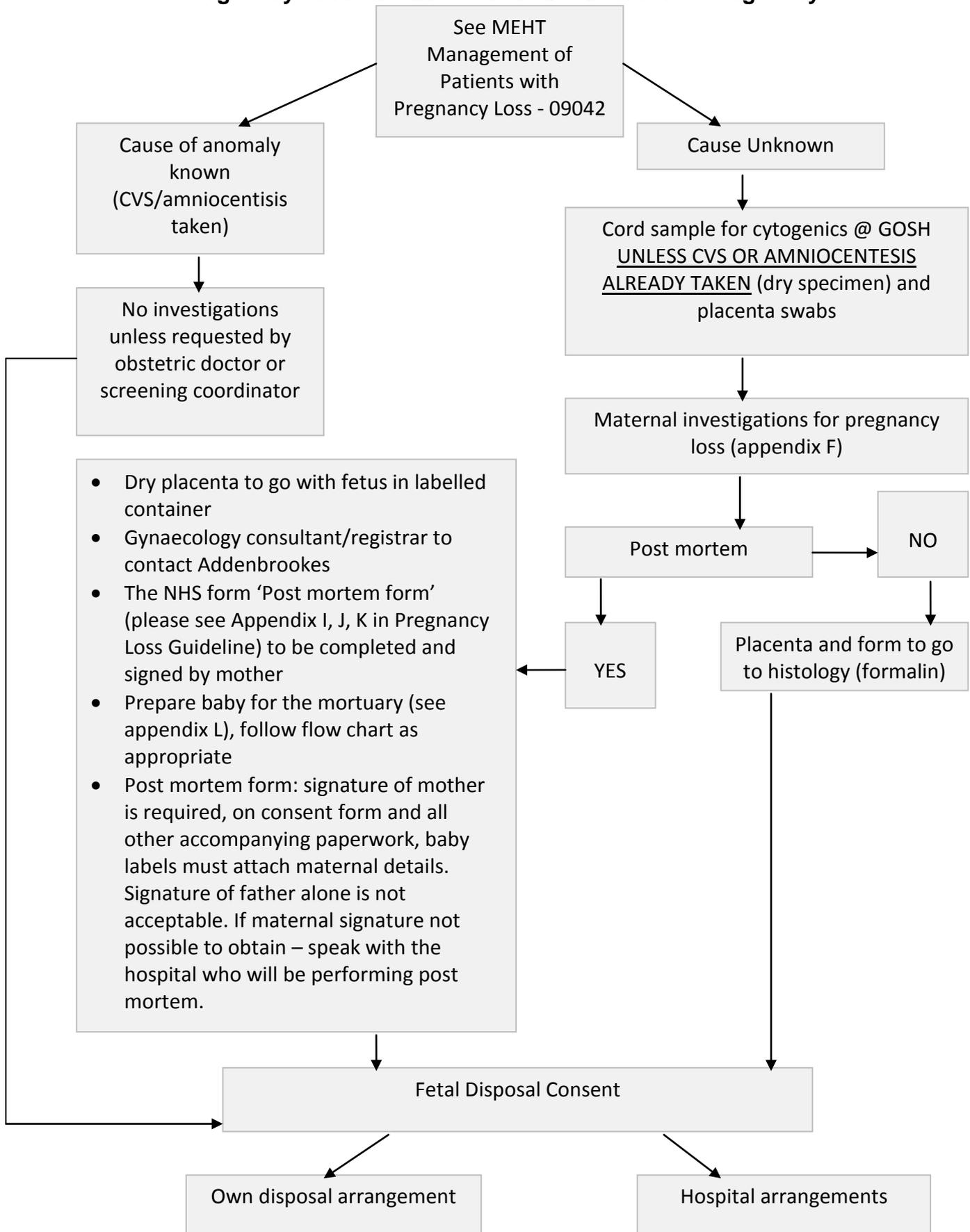
- It must not cause danger to others
- It must not interfere with any rights other people may have on the land
- There must be no danger to water supplies or water courses
- There must be no chance of bodily fluids leaking into or onto adjoining land
- The tissue must be buried at a depth of at least 18 inches (45 cms)
- Permission must be obtained from the landowner if you do not own the land
- If considering burial in a garden, careful thought must be given to what would happen if you moved house

Copy for notes

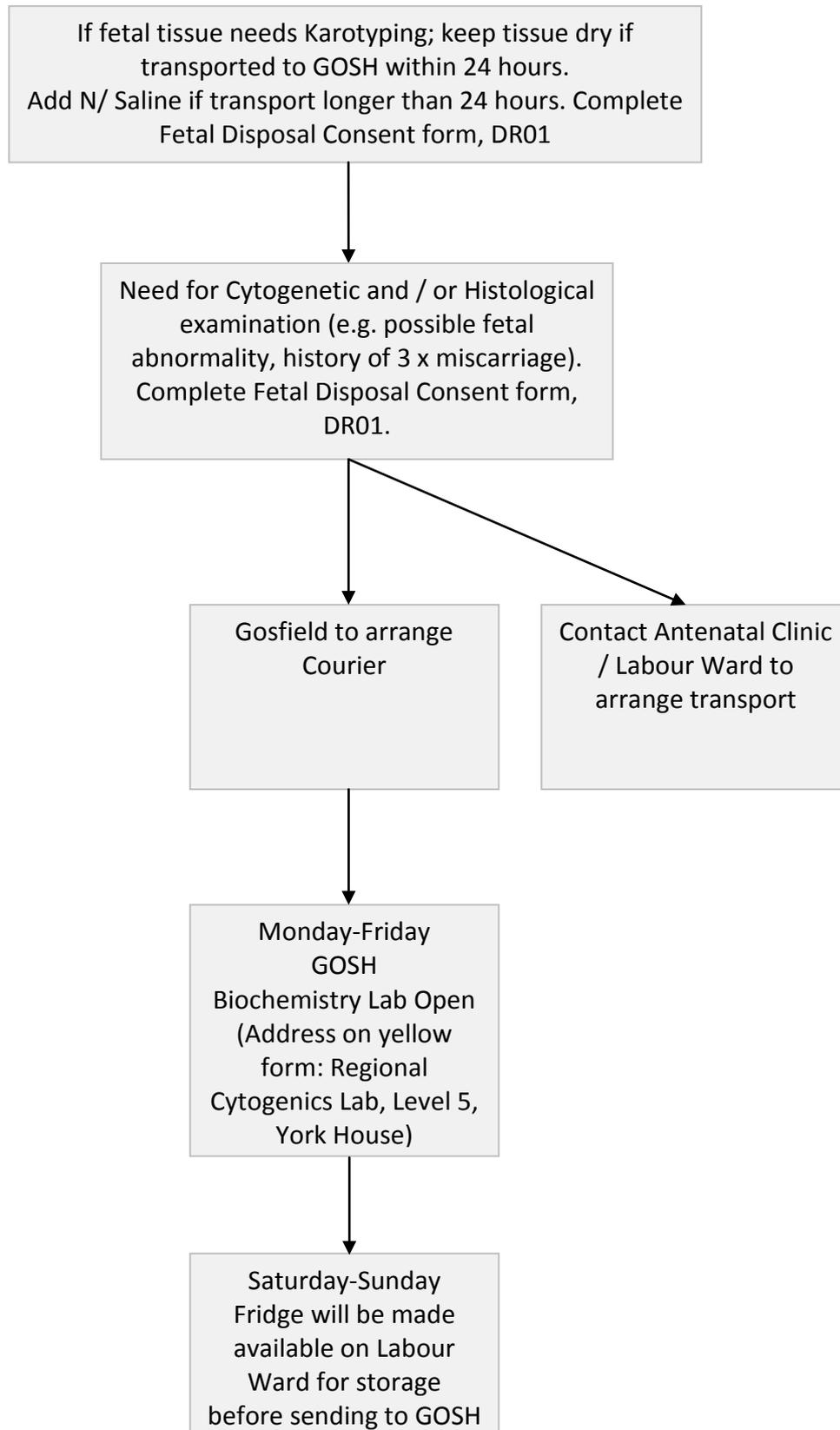
Procedure for collection and storage of fetuses below 12 weeks



Pregnancy Loss between 12 and 16 + 6 Weeks of Pregnancy

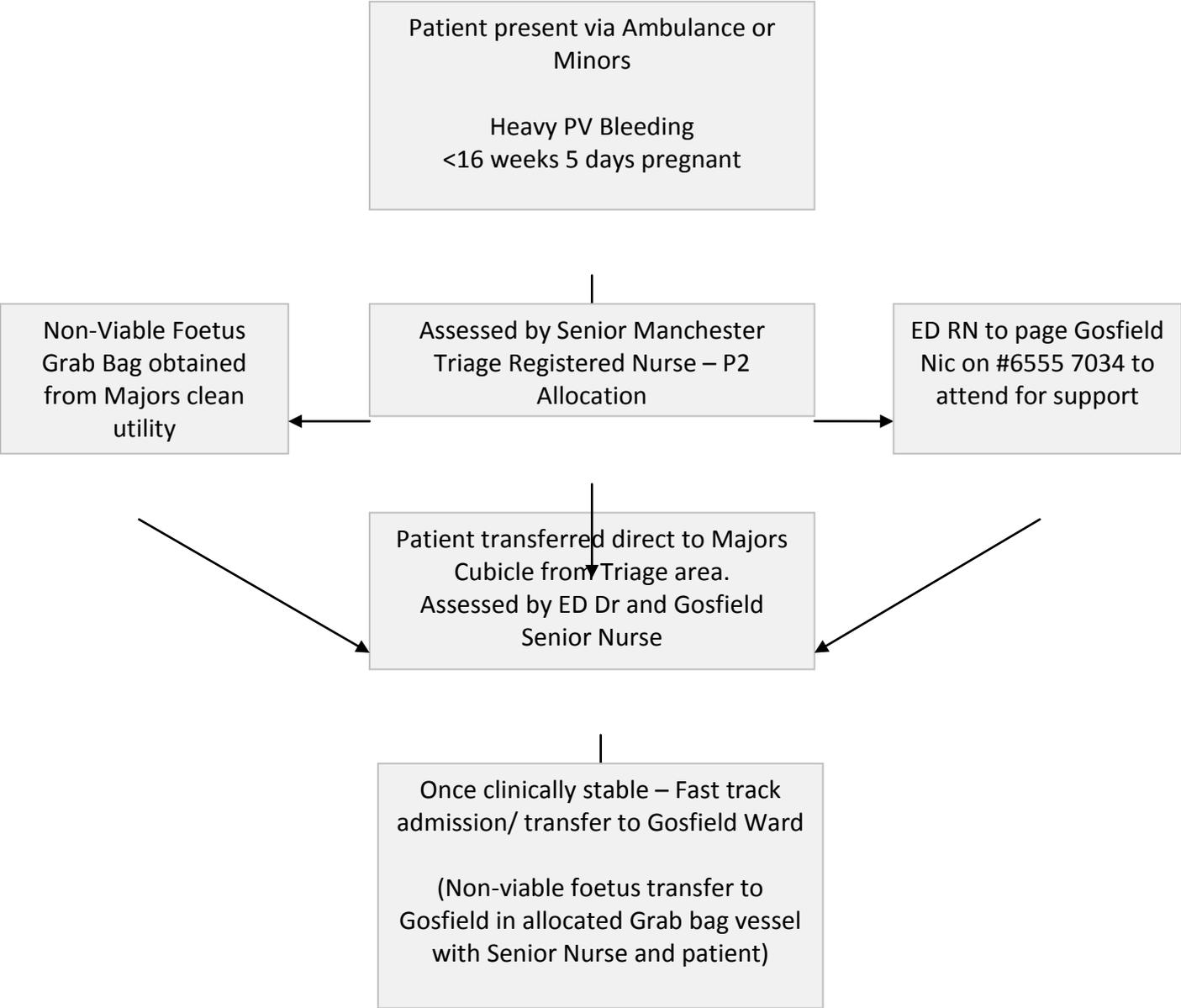


Disposal of Tissue following Spontaneous / Medical / Surgical Miscarriage, After Delivery



Appendix G

Patient Flow Process for Non-Viable Foetus Management in the Emergency Department



Appendix H

Certificate of Examination by Medical Staff (Form 1c)
Authorising the cremation or burial of fetal remains less than 24 weeks gestation

To arrange a funeral (*either burial or cremation*) it is a legal requirement that this form is completed and is sent with the baby to the undertaker

I hereby certify that I have examined the non-viable fetus of

First Name	Surname
-------------------	----------------

Address

Delivered On	Gestation
---------------------	------------------

And at no time after birth showed any visible signs of life.

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

Name	Telephone 01245 513056/7
-------------	---------------------------------

Address

GMC or NMC Registered Qualifications

Funeral Arrangement Form
Side 1 of 2 - to be completed by the parents

Mother's Full Name	Father's Full Name
Baby first name	Full name parents wish to give baby <i>(baby still to be labelled with mothers details unless NND)</i>
Address	
Telephone	Religion
Persons authorised by Mother to liaise with funeral directors (including collecting ashes if baby is cremated)	
<p><i>You do not need to make decisions whilst you are in hospital – your community midwife can help you complete the forms required at home if you are in Mid Essex area.</i></p> <p><i>You may change your mind at any time before the arrangements take place – this is no problem but extra forms may need to be completed and it is possible that you may have to return to the hospital to do this.</i></p> <p><i>Please refer to the information sheet regarding funeral arrangements before completing this form.</i></p> <p><i>The hospital Chaplain is available to all parents, or we can contact your own Minister or Priest.. A blessing / naming ceremony can be performed for you in hospital – please discuss any questions with the midwife</i></p>	

Options

I would like my baby to be Buried Cremated

I would like to be responsible for the arrangements for my baby's funeral and understand that I will need to contact the funeral director of my choice (*costs may be incurred*)

I would like the hospital to arrange my baby's funeral and wish to be present (*no cost should be incurred, unless individual plot or plaque is requested*)

I would like the hospital to arrange my baby's funeral and do not wish to be present

- but I would like to be contacted by the funeral director to know when the funeral will take place

- and I do not wish to be contacted by the funeral directors

Date _____

Print Name _____ Signature _____

NB: The hospital funeral directors are 'Richard of Witham' (Tel: 01376 513114). They will contact you if you wish to be present - or you may contact them if you wish to ask anything regarding the funeral.

Funeral Arrangement Form
Side 2 of 2 - to be completed by staff

Mother's Full Name	Mother's Hospital Number						
Date & Time of Delivery	Number of Weeks						
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Sex of Infant</td> <td style="width: 15%;">Unknown</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;">M</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;">F</td> <td style="width: 5%;"><input type="checkbox"/></td> </tr> </table>	Sex of Infant	Unknown	<input type="checkbox"/>	M	<input type="checkbox"/>	F
Sex of Infant	Unknown	<input type="checkbox"/>	M	<input type="checkbox"/>	F	<input type="checkbox"/>	
Consultant Name	Ward						
Doctor Present at Delivery	Midwife Present at Delivery						

If the baby is for cremation; please attach the following authorisation to this form

Forms Cr9 for Stillbirths

Forms Cr4, Cr5 & Cr10 (in booklet form) for Neonatal Death

No cremation forms required from ward for miscarriage / medical TOPs

If the baby is for burial; please attach the following authorisation to this

Shared Grave Form – Chelmsford Cemetery and Crematorium

If parents are undecided at time of discharge ensure both forms for cremation & burial are completed

Please Indicate

Fetal Loss < 24 Weeks **Stillbirth** **Neonatal Death**

Is the baby going for Post-Mortem, if yes; which hospital

No <input type="checkbox"/>		UCH <input type="checkbox"/>
Addenbrooks <input type="checkbox"/>		Kings <input type="checkbox"/>
Other _____		<input type="checkbox"/>

Completed

Receiving Hospitals Checklist for PM	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Clinical Details Form	No <input type="checkbox"/>	Yes <input type="checkbox"/>
National NHS Consent Form	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Addenbrooks Mortuary Property Form	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Date _____

Print Name _____ Signature _____

File: Funeral Arrangement Form	Version: 1.0	
Author: Maternity Services, MEHT NHS Last Reviewed / Next Review Date: June 2014 / June 2017		

Shared Grave – Chelmsford Cemetery and Crematorium

I _____

Being the mother of Baby

Was provided all the information regarding the options available and I will understand the terms and conditions for Chelmsford Cemetery Baby Shared Grave are that :-

- I may not erect a memorial or place any such markings on the site of my baby's grave, this being a shared grave and there will be other babies interred within this grave space and being the property of Chelmsford City Council
- I understand that my baby may not be exhumed or moved to an alternative location at a later date.
- I understand that I will be able to place flowers and / or small vase with my babies name inside as my personal memorial.
- If I wish the hospital to make all the arrangements I have signed and dated the attached 'Cemetery Notice of Interment' and understand that the funeral directors will complete this form

Signed _____

Date _____



CEMETERY NOTICE OF INTERMENT

FOR OFFICIAL USE ONLY		
	FOLIO	VOL. →
Register of Burials		
" " Graves		
" " Grants		
GRANT NO.		
Receipt Book No.		
Grant Sent Rel'nd		
Plans		

FUNERAL DIRECTOR:

1. Day, Date, and Hour Proposed for Interment:-
Day Date 20..... at a.m./p.m.
2. Full Names of Deceased
3. Permanent Address
4. Age of Deceased Marital Status
5. Occupation, Rank or Profession of Deceased
6. Date of Death
7. Parish where death occurred
8. Number of Grave Space Section
9. New Grave Purchase Yes/No Reopen Grave Yes/No

(Where the grave is already purchased the Grant of Exclusive right of Burial must be produced with this notice, before the grave can be opened)

10. Size of Coffin
11. Grass Matting Required?
12. Is it proposed to hold a service
in the Crematorium Chapel ? (20 minutes only)
13. Is recorded Music Required? (Yes or No)
14. Is the use of Organ Required? (Yes or No)
15. Religious Denomination Minister's Name

THIS MUST BE GIVEN BEFORE
GRAVE CAN BE DUG.

Full Name and Address of person to whom the Exclusive Right of Burial is to be granted

..... TEL. NO.

Signed Dated:

Full Name and Address of Next of Kin

X TEL. NO. X

Signed X Dated: X

**THE FORM OVERLEAF MUST BE COMPLETED
IN ALL CASES OF SECOND AND/OR SUBSEQUENT INTERMENTS**



FORM OF INDEMNITY
WRITTLE ROAD CEMETERY, CHELMSFORD

Grave Space No

I, (full name)

of

* being the Owner of the Exclusive Right of Burial

* being the rightful person to exercise the Exclusive Right of Burial in the said Grave Space

hereby authorise

* the opening of the Grave for the Interment of:-

* the strewing of the cremated remains of:-

.....

and I undertake to indemnify the Chelmsford City Council acting as the Burial Authority against any costs or damages they may hereafter suffer or sustain resulting from the above-mentioned action being carried out.

Signed

Date

Witness

Address

.....

.....

Date

*** Delete Items not applicable.**

This form must be completed and returned to the appropriate Cemetery Office, at least forty eight hours (exclusive of Sunday) prior to the Interment or Strewing Ceremony. Local Authorities' Cemeteries Order 20.....