

# 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** .....