

TO: THE REGISTRAR, BIRTHS, DEATHS AND MARRIAGES

This is to certify that

(Mother's name)

Had an early pregnancy loss on

(Date)

The estimated period of gestation (in weeks) was (if known).

The weight at delivery was (if known).

The sex was (if known).

There is no medical reason preventing burial or cremation.

As the pregnancy loss occurred before 20 weeks and was less than 400 grams a commemorative certificate may be issued by Births, Deaths and Marriages in South Australia.

Signed:

Name of medical practitioner or midwife:

Address: