



Notification of Disposition of Fetal Demise

As a result of a spontaneous fetal demise, of less than 20 weeks gestation that has occurred in our office, this form is provided to advise you of your options for final disposition of the fetal remains.

You may arrange for burial or cremation by a licensed funeral director or registered direct disposer or you may have the physician arrange for the disposition of fetal remains under the terms and conditions customarily used.

_____ I wish to personally arrange for the disposition with a licensed funeral director or registered direct disposer.

_____ I wish for the physician named below to arrange the disposition under the terms and conditions customarily used.

If you choose not to sign this form, the physician is authorized by law to arrange for the disposition of fetal remains under the terms and conditions customarily used.

Mother (Print or type name)

(Signature)

(Date)

Name of Physician: _____

Address: _____

City: _____

State: _____

Zip Code: _____