

Recognition of Early Pregnancy Loss Application Tasmania

OFFICE USE ONLY

Control no _____

Births Deaths and Marriages
Phone 1300 135 513
Email BDM@justice.tas.gov.au
Web www.justice.tas.gov.au/BDM

ELIGIBILITY

Please complete this form if you would like to commemorate your family's early pregnancy loss.

You are eligible if:

- Your loss took place in Tasmania
- Your loss took place before 20 weeks or, if weeks are unknown, your baby weighed less than 400g.
- Your treating medical practitioner or midwife is available to sign the declaration

HOW TO APPLY

Complete this form, and print out a copy to sign.

Your treating medical practitioner or midwife must sign the health professional's declaration.

You can lodge the application by post to **Births, Deaths & Marriages, 30 Gordons Hill Road, Rosny Park, 7018** OR in person by appointment ONLY **1300 135 513**.

BABY'S DETAILS

If you choose not to provide a name the certificate will show "Baby of" parent's name/s.

Baby's Name

First Given Name Other given name(s)

Family Name

Place

Suburb/Town/City State/Territory

Date (dd/mm/yyyy) Gestation in Weeks Weight of baby

PARENTS DETAILS

Mother's Details

First given name Other given name(s)

Family name Date of Birth

Father's/Parent's details (These details will only be included if they sign this application)

First given name Other given name(s)

Family name Date of Birth

APPLICANT DETAILS

Applicant Name

Relationship to baby

Postal Address

Suburb State Pcode

Country Email

Work Home Mobile

Signature of Applicant Date signed

Signature of Applicant Date Signed

HEALTH PROFESSIONAL'S DECLARATION

Declaration to be completed by the treating medical practitioner or midwife

Name

Dr Mr Mrs Ms Other

First Given Name

Family Name

Contact Details

Telephone number Mobile number

Email address

Provider details

Provider number

Qualifications

Details of early pregnancy loss

The loss took place in Tasmania

The loss took place before 20 weeks or, if weeks are unknown, the baby weighed less than 400g

Date of loss

Declaration

I declare that all statements made in this declaration are true and correct.

Signature of medical practitioner or midwife Date

PERSONAL INFORMATION PROTECTION STATEMENT

In line with the *Personal Information Protection Act 2004*, the Registry of Births, Deaths and Marriages is collecting this information so that it can determine your eligibility to obtain the requested certificate. If you do not provide all of the information requested, then you may not be provided with a copy of the certificate.