

FORM B3

Register of Cremation of Pregnancy Loss

Carried out by

At the crematorium of

| | | (a) | (b) | |
|-------------------------|------------------------------------|-------------------|-------------|--|
| <i>Cremation number</i> | <i>Date and place of cremation</i> | <i>NHS number</i> | <i>Name</i> | <i>Name and address of the applicant</i> |
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Complete column (a) if cremation is applied for by a health body

Complete column (b) with name assigned by applicant if cremation is applied for by an individual