

UR number \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Given name/s \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Gender \_\_\_\_\_  
 (Affix baby's label)

UR number \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Given name/s \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Gender \_\_\_\_\_  
 (Affix mother's label)

Baby's label

Mother's label



# Family's instructions

**This form is to be completed by hospital staff caring for the bereaved family before their baby is transferred for a post mortem examination. Please complete this while consulting directly with the family.**

Staff person name (print): \_\_\_\_\_ Date: / /

**Baby's belongings**

If there are belongings with the baby that the family wishes to keep, we recommend that these are not sent with the baby for the post mortem examination.

**Will the baby be transferred to VPAS with any belongings:**  Yes  No

**If yes,** all items such as valuables, clothing, blankets and mementos that are remaining with the baby must be clearly described and listed below:

*e.g. white knitted beanie*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Funeral director selected by the family**

It is the family's responsibility to select a funeral director to assist them with making the funeral arrangements for their baby.

After the post mortem examination is complete, VPAS will contact the family's nominated funeral director to arrange for the baby to be transferred into their care. If the family lives in metropolitan Melbourne the funeral director will attend the VPAS site to receive their baby. If the family lives in regional Victoria, VPAS will arrange transferring the baby to the regional funeral director's premises. Please provide the details of the funeral director the family have selected.

Name of Funeral Director: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Signed by parent**

Print name: \_\_\_\_\_ Relationship to baby: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: / /