



NORTH CAROLINA BOARD OF FUNERAL SERVICE

CONFIRMATION OF FETAL DEATH FOR CREMATION

This form is required pursuant to N.C. Gen. Stat. § 90-210.129(o) and must be completed for all fetal deaths occurring at less than 20 weeks gestation.

Parents of Fetal Remains: _____

Time of Delivery of Fetal Remains: _____ Date of Delivery of Fetal Remains: _____

Place of Fetal Death: _____

Cause of Fetal Death: _____

Does fetal death fall within the jurisdiction of a medical examiner: ____ yes ____ no

I certify I have sufficient knowledge to complete this form describing the cause of fetal death. To the best of my knowledge and belief, the information contained herein is correct and complete.

Signature of Attending Physician or other individual authorized to certify a North Carolina Certificate of Death:

Name of Certifier: _____

Date Signed by Certifier: _____