

(Version 2) Early pregnancy loss recognition certificate

Office use only

BDM eDocs Reference:

Effective as of 01/09/2016

Births, Deaths and Marriages Registration Act 2003

If your loss happened **under** 20 weeks gestation, the declaration from the Health Professional confirming details of your loss must be completed on this application. If your loss happened **over** 20 weeks gestation, a standard birth registration application applies.

1. Certificate design

Design	<input type="checkbox"/> Flower <input type="checkbox"/> Candles
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2. Baby's delivery details

If a name is not provided the certificate will show Baby of mother's name and father's name. * We understand that due to the circumstances of your pregnancy loss you may not be able to give the following details.

First name			
Middle name(s) <i>if any</i>			
Family name			
* Place of delivery <i>must be in Queensland</i>		* Date of delivery	
* Gestation in weeks		* Weight	

3. Parents' details

Mother	
First name	
Middle name(s) <i>if any</i>	
Family name	
Age	

Parent details are provided for same sex parents and your choice determines how your relationship is shown on your child's recognition certificate.

Father or parent	
<input type="checkbox"/> Father's details <input type="checkbox"/> Parent's details	
First name	
Middle name(s) <i>if any</i>	
Family name	
Age	

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4. Who is applying

Relationship to baby	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent		
First name			
Family name			
Postal address			Postcode
Telephone <i>Daytime number</i>		Mobile number	
Email			
Your signature	sign here	Date	

5. Health professional's declaration

The details above are correct and I confirm that			
Mother's first name			
Mother's middle name(s)			
Mother's family name			
experienced early pregnancy loss. The delivery took place under 20 weeks gestation (or the gestation period cannot be determined, weighing less than 400 grams) and is not able to be registered under the <i>Births, Deaths and Marriages Registration Act 2003</i> .			
Signature <i>of health professional</i>		Date signed	DD / MM / YYYY
Name of health professional			

Privacy statement

The personal information on this form is collected by the Registry of Births, Deaths and Marriages for the purpose of providing services and undertaking related activities. Only authorised persons will have access to this information. Your details will not be disclosed to a third party without your consent unless the disclosure is authorised by law. To obtain details about the access policy and rights of access to this information contact the registry on 13 QGOV (13 74 68). For general information about the registry visit www.qld.gov.au/rbdm.

Submission options

Post to	Registry of Births, Deaths and Marriages PO Box 15188 CITY EAST QLD 4002
Lodge at	Level 32, 180 Ann Street Brisbane 4000