GOVERNMENT OF WESTERN AUSTRALIA

PathWest LABORATORY MEDICINE WA

Laboratory ID No

NCC FORM 4

EMR400430

PathWest
Perinatal Pathology

CONSENT FOR MEMENTOS

(Babies for Private Burial or Private Cremation)

Med Rec No: _____

Surname: _____

Given Name: _____

Gender: _____ D.O.B.: _____/_____/_____

Hospital: _____

Parent 1 First Name: _____ Surname: _____

Parent 2 First Name: _____ Surname: _____

Baby's Name _____ Surname: _____

Date of Delivery/Birth: _____/_____/_____ Gestation: _____/ 40

Preferred Contact Method: ☐ Phone **or** ☐ Email

Contact number:_____ Email:_____

Mementos – If possible, mementos of your baby will be created and are available upon request unless declined.

Please select your mementos you would like to collect:

☐ **Photos** ☐ **Hand & Footprints**

- Please note that collection does not have to be arranged immediately.
- All Photos will be stored indefinitely within PathWest Perinatal Pathology and will be available on request.
- Only one set of Hand and Footprints are taken.
- All belongings received will be given to the Funeral Director at the time of collecting your baby.
- Perinatal Pathology cannot be responsible for belongings not received in our department.

Please select your collection preference for mementos:

☐ I will contact Perinatal Pathology to arrange collection

☐ I will collect from the Funeral Director

☐ I would like Perinatal Pathology to post to my home address

☐ I will collect from the Pastoral Care Department at _____ Hospital / Health Campus
(Name of Hospital / Health Campus you delivered your baby)

Decline of mementos: I understand that by declining the mementos below they will not be taken and will not be available.

☐ I do not give permission for **Photos** to be taken of my baby.

☐ I do not give permission for **Hand & Footprints** to be taken of my baby.

Consent:

Full Name: _____ Signature: _____

Witness Name: _____ Witness Signature: _____

Date: _____/_____/_____ Time: _____: _____ AM/PM (Witness must be a staff member)

Verbal Consent:

I, _____, hereby declare that the parent/s of
(Must be a staff member)

baby, _____ has/have given their consent for mementos to be taken.

Signature: _____ Date: _____/_____/_____ Time: _____:_____ AM/PM