





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:	
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:

Verbal Consent:

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

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

__/____ /____ Time: ____: ___ AM/PM (Witness must be a staff member)