



<b>PathWest</b> Perinatal Pathology  <b>CONSENT FOR MEMENTOS</b> (Babies for Private Burial or Private Cremation)	Med Rec No: _____ Surname: _____ Given Name: _____ Gender: _____ D.O.B.: ____/____/____ Hospital: _____
Baby's First Name: _____ Surname: _____ Date of Delivery/Birth: ____/____/____ Gestation: _____/40 Father/Partner First Name: _____ Surname: _____	
<b>Mementos – If at all possible, mementos of your baby will be created and are available upon request unless declined.</b> Please select your mementos you would like to collect: <input type="checkbox"/> <b>Photos</b> <input type="checkbox"/> <b>Hand &amp; Footprints</b> <ul style="list-style-type: none"><li>• Please note that collection does not have to be arranged immediately.</li><li>• All Photos will be stored indefinitely within PathWest Perinatal Pathology and will be available on request.</li><li>• Only one set of Hand and Footprints are taken.</li><li>• All belongings received will be given to the Funeral Director at the time of collecting your baby.</li><li>• Perinatal Pathology cannot be responsible for belongings not received in our department.</li></ul>	
<b>Please select your collection preference for mementos:</b> <input type="checkbox"/> I will contact Perinatal Pathology to arrange collection <input type="checkbox"/> I will collect from the Funeral Director <input type="checkbox"/> I would like Perinatal Pathology to post to my home address <input type="checkbox"/> I will collect from the Pastoral Care Department at _____ Hospital / Health Campus (Name of Hospital / Health Campus you delivered your baby)	
<b>Decline of mementos:</b> I understand that by declining the mementos below they will not be taken and will not be available to me. <input type="checkbox"/> I do not give permission for <b>Photos</b> to be taken of my baby. <input type="checkbox"/> I do not give permission for <b>Hand &amp; Footprints</b> to be taken of my baby.	
<b>Preferred Contact Method:</b> <input type="checkbox"/> Phone    or <input type="checkbox"/> Email Contact number: _____      Email: _____  Signature: _____      Relationship to Baby: _____	
Witness Name: _____      Witness Signature: _____  Date: ____/____/____      Time: ____:____ AM/PM (Witness must be a staff member)	
Verbal Consent: I, _____, hereby declare that the parent/s of Baby, _____ has/have given their consent for mementos to be taken.  Signature: _____      Date: ____/____/____      Time: ____:____ AM/PM	