



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