



# Notification of Disposition of Fetal Demise

As a result of a spontaneous fetal demise of less than 20 weeks gestation, this form is provided to advise you of your options for final disposition of fetal remains.

In addition to having the physician arrange for the disposition of fetal remains under the terms and conditions customarily used, you may also choose for burial or cremation by a licensed funeral director or registered direct disposer.

\_\_\_\_\_ I wish for the physician named below to arrange the disposition under the terms and conditions customarily used.

\_\_\_\_\_ I wish to personally arrange for the disposition with a licensed funeral director or registered direct disposer.

If you choose not to sign this form, the physician is authorized by law to arrange for the disposition of fetal remains under the terms and conditions customarily used.

\_\_\_\_\_  
Mother (Print or type name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_