



In memory of

who was born sleeping

To

On

At _____ weeks gestation

signed

This is to certify that at

Place of Birth

on Date at

Name

was born asleep at weeks gestation

Parents

Address

.....

Signed Qualification

Date

Certificate for a baby born before the legal age of viability

MID Ref: 02070314



In memory of

Baby's name, if given by parents, or Baby Smith

who was born sleeping to

Name of mother and father (if appropriate/wanted)

on Date

at ... weeks of gestation

Signed

Name

Job title

Date

In memory of

Baby's name, if given by parents, or Baby Smith

who was miscarried

on Date

at ... weeks of gestation

Signed

Name

Job title

Date

This is to certify that

Baby's name, if given by parents, or Baby Smith

was born to

Name of mother and father (if appropriate/wanted)

on Date

at ... weeks of gestation

Signed

Name

Job title

Date