

Recognition of early pregnancy loss application

Recognition certificates for early pregnancy loss are available from the Western Australian Registry of Births Deaths and Marriages for babies that are not able to be formally registered under the *Births, Deaths and Marriages Registration Act 1998*. A recognition certificate cannot be used for official purposes.

Eligibility

- Your loss took place in Western Australia
- Your loss took place before 20 weeks gestation, or if weeks are unknown, the baby weighed less than 400 grams
- Your treating medical practitioner or midwife must sign the declaration on the application form.

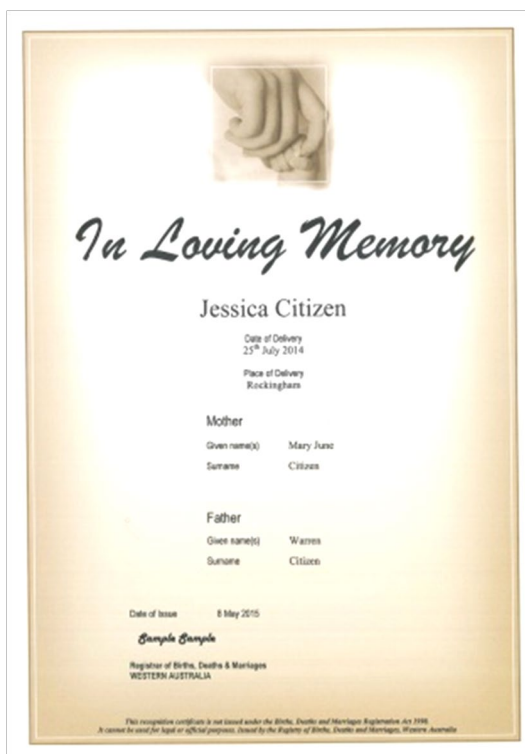
Note

Where the birth falls within the legal definition of a still-born child then the formal registration process must be followed. Parents cannot request a recognition certificate in lieu of formal registration.

Fees & commemorative certificates

Recognition of early pregnancy loss is **free**. There are two recognition certificate designs to choose from. Please select one certificate type on your application form.

Hands



In Loving Memory

Jessica Citizen

Date of Delivery
25th July 2014

Place of Delivery
Rockingham

Mother
Given name(s) Mary Jane
Surname Citizen

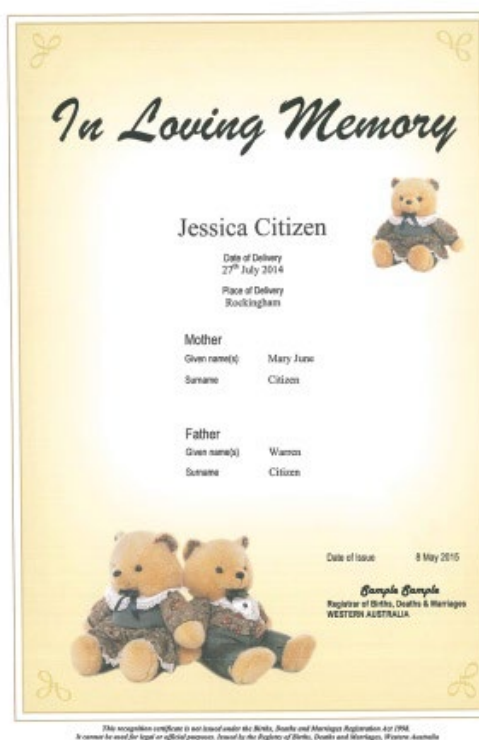
Father
Given name(s) Warren
Surname Citizen

Date of Issue 8 May 2015

Sample Sample
Registry of Births, Deaths & Marriages
WESTERN AUSTRALIA

This recognition certificate is not issued under the Births, Deaths and Marriages Registration Act 1998. It cannot be used for legal or official purposes. Issued by the Registry of Births, Deaths and Marriages, Western Australia.

Bears



In Loving Memory

Jessica Citizen

Date of Delivery
27th July 2014

Place of Delivery
Rockingham

Mother
Given name(s) Mary Jane
Surname Citizen

Father
Given name(s) Warren
Surname Citizen

Date of Issue 8 May 2015

Sample Sample
Registry of Births, Deaths & Marriages
WESTERN AUSTRALIA

This recognition certificate is not issued under the Births, Deaths and Marriages Registration Act 1998. It cannot be used for legal or official purposes. Issued by the Registry of Births, Deaths and Marriages, Western Australia.

Recognition of early pregnancy loss application (cont.)

Instructions

- select **one (1)** of the two (2) commemorative certificate designs
- the treating medical practitioner or midwife must sign the health professional's declaration

Processing times for certificate applications

Standard - Please allow up to 10 working days plus regular postal delivery time.
If required, please enclose a self-addressed Registered or Express Post envelope.

Note: Applications lodged in person cannot be processed immediately but will be made available for collection or posted within five (5) working days.

Submitting your application

By post

Complete this form and post the form to:

Registry of Births Deaths and Marriages
PO Box 7720 Cloisters Square
Perth WA 6850

In person

Complete this form and lodge at:

Registry of Births Deaths & Marriages
Level 10/141 St Georges Terrace Perth between
9.00 am - 4.00 pm Monday to Friday

Privacy considerations and personal records

Any documents provided with the application may have their authenticity verified through an approved online verification service.

Note: It is an offence to make a false or misleading statement in any application or document under the *Births, Deaths and Marriages Registration Act 1998*.

Further information

For further information, please visit our website at www.justice.wa.gov.au/bdm or call **1300 305 021** between 9.00 am and 4.00 pm, Monday to Friday.

Baby's details

If you choose not to provide a name the certificate will show "Baby of ..."parent's name/s.

We understand that due to the circumstances of your pregnancy loss you may not be able to provide all details.

Complete and sign the application form including all **mandatory** fields marked with an asterisk (*)

Surname					
Given name(s)					
* Place of delivery					
* Date of delivery		Gestation in weeks		Weight of baby	

Birth Mother's details (Parent one)

* Surname				
* Given name(s)				
* Surname at birth		Age		
* Place of birth	Suburb	Country		

Parent two details (These details will only be included if the other parent signs this application)

Surname				
Given name(s)				
Surname at birth		Age		
Place of birth	Suburb	Country		

Applicant's details

* Relationship to baby	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parents				
* Certificate design	<input type="checkbox"/> Hands	<input type="checkbox"/> Bears	* Certificate to be	<input type="checkbox"/> Collected	<input type="checkbox"/> Posted
* Postal address	Current postal address				
	Suburb	State	Postcode		
Email address		* Phone No			

Applicant's Details

I declare that the information I have provided is true and correct. By signing this application, I consent to my information being checked with the document issuer or official record holder

* Birth mother signature		Date	/	/
* Parent two signature		Date	/	/

Health professional's declaration

Declaration to be completed by the treating medical practitioner or midwife.

Name

* <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Other	
* Surname		
* Given name(s)		

Contact details

* Mobile number		* Telephone number	
* Email address			

Provider details

Provider number	
Medical profession	

Details of early pregnancy loss

- The loss took place in Western Australia
- The delivery or loss took place before 20 weeks gestation, or if weeks are unknown, the baby weighed less than 400 grams.

Date of loss	
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Declaration

I declare that all statements made in this declaration are true and correct.

* Signature of health professional		Date	/	/
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