



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.

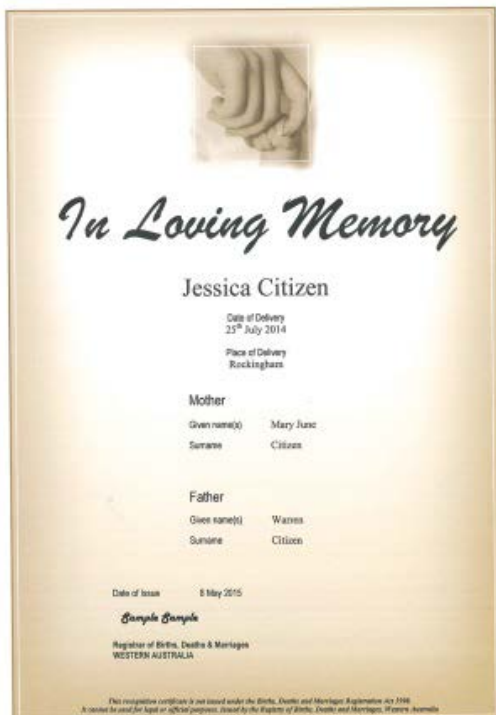
Note

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.

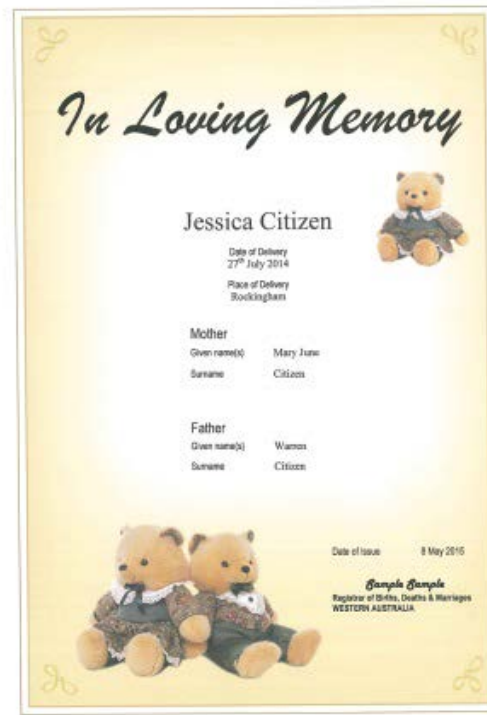
Fees and commemorative certificates

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



Bears



Recognition of early pregnancy loss application (cont.)

Instructions

- select **one** of the two 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.

Please 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 and Marriages
Level 10/141 St Georges Terrace Perth between
8.30 am - 4.30 pm Monday to Friday

By email

Complete this form and email to bdm@justice.wa.gov.au

Privacy considerations and personal records

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

Please 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 or call **1300 305 021** between 8.30 am and 4.30 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)					
* Maiden surname				Age	
* Place of birth	Suburb		Country		

Parent two details (These details will only be included if they sign this application)

Surname					
Given name(s)					
Maiden surname				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					
	Suburb		State	Postcode	
Email address				* Contact number	

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

* Signature of applicant		Date	/	/
* Signature of applicant		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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