



Government of **Western Australia**
Department of **Justice**
Registry of Births, Deaths and Marriages

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

Bears

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 attach clear and legible copies of your identification. 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 it with your, **original** proof of identification and payment to:

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

Faxed or emailed applications will not be accepted.

Privacy considerations and personal records

The Registry will collect your personal information as part of this application. For more information about how we use, protect, and may share this information, please read the [Department of Justice Information Privacy Statement](#).

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)				
* Maiden surname		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)				
Maiden surname		Age		
Place of birth	Suburb	Country		

Applicant's details

* Relationship to baby	☐ Mother ☐ Father ☐ Parents				
* Certificate design	☐ Hands ☐ Bears	* Certificate to be	☐ Collected ☐ 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

* ☐ Dr ☐ Mr ☐ Mrs ☐ 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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