

General information

Eligibility

You are eligible to commemorate your family's early pregnancy loss if:

- Your loss took place in NSW.
- Your loss took place before 20 weeks or, if weeks are unknown, your baby weighed less than 400g.
- Your treating medical practitioner or midwife is available to sign the declaration.

Privacy

Your right to privacy

Registry records are not available for public scrutiny.

The information held by the Registry may be used for statistical purposes and by law enforcement agencies, as well as other uses provided for by law. Such access for approved purposes may be granted to other Registries and certain government or authorised non-government agencies.

Disclosure of information

When you complete this application form, understand that you have consented to the release of information provided by you, to those agencies who may be able to validate that information in support of your application. For more information on privacy and disclosure, please visit our website

Completing this form

- You can complete this form online, and print out a copy to sign.
- Your treating medical practitioner or midwife must sign the health professional's declaration.
- You can then lodge the application either by email, post or in person.
- Recognition of early pregnancy loss is free. Please visit our website for turnaround times, which are the same as standard certificates.

Options to lodge

By post

- NSW Registry of Births Deaths & Marriages
GPO Box 30, Sydney NSW 2001

In Person

- At a Service NSW Service Centre.
www.service.nsw.gov.au

Contacting us

- NRS: 1300 555 727 (Speech/hearing impaired)
- TIS: 131 450 (Translating/interpreting service)
- Email: bdm-epl@customerservice.nsw.gov.au



Phone: 13 77 88

www.nsw.gov.au/bdm

Recognition of early pregnancy loss



Registry of Births
Deaths & Marriages

Application

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

First given name

Other given names

Family name

Place

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

Suburb/Town/City

State/Territory

Date

Gestation in weeks

Weight of baby

Mother's details

Mother's name (Parent One)

Mandatory fields are marked*

***First given name**

Other given names

***Family name**

***Age in years**

Parent Two's details

First given name

Other given names

Family name

Age in years

Applicant details

***Relationship to baby (select one):**

Mother

Father

Parent

Your postal address

***Address**

***Suburb/Town/City**

***State/Territory**

***Postcode**

Contact details

***Telephone number**

***Mobile number**

***Email address**

Applicant's Declaration

I declare that the information I have provided is true and correct. I certify that I have read and understand 'Your Right to Privacy' and 'Disclosure of Information' on the previous page. I acknowledge the 'Recognition of early pregnancy loss' I receive is not a legal document.

Signature of Applicant

***Date**

Health professional's declaration

Declaration to be completed by the treating medical practitioner or midwife

Mandatory fields are marked*

Name

Title: *Dr *Mr *Mrs Ms* Other*

*First given name

*Family name

Contact details

*Telephone number

*Mobile number

*Email address

Provider details

Provider number

Qualifications

Details of early pregnancy loss

The loss took place in NSW

The loss took place before 20 weeks or, if weeks are unknown, the baby weighed less than 400g

Date of loss

Declaration

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

Signature of medical practitioner or midwife

*Date

Privacy note

For further information on Privacy and Disclosure, please refer to page 1.