

Recognition of early pregnancy loss

Births Deaths and Marriages Registration Act 1995 (BDMR Act)

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

The Registry is collecting the information in this form so that we can respond to your request. You do not have to provide your information to us but, if you do not, we will not be able to provide the service you have requested. For information about how we handle your personal information, including who we may disclose it to, see our Privacy Collection Notice, available at <https://www.nsw.gov.au/births-deaths-marriages/about-us/privacy-collection-notice>.

Warning

Please be aware that it is an offence under Part 5A of the *Crimes Act 1900* to provide false or misleading information or documents and it is an offence under the *Births, Deaths and Marriages Registration Act 1995* to make a false or misleading representation in an application, notice or document.

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

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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 have read and understand all the information and instructions in this document including the information about privacy. I acknowledge the 'Recognition of early pregnancy loss' certificate I receive is not a legal document.

Signature of
Applicant

*Date

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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

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