

Recognition of early pregnancy loss certificate

About this application

You can commemorate an early pregnancy loss with a recognition of early pregnancy loss certificate. The certificate is provided to you free of cost.

The certificate will include the parent's name(s), the baby's name, the location of the loss and date of the loss, if this information is provided. Please note this is a commemorative certificate, not an official legal document.

Who can apply

You are eligible for an early pregnancy loss commemorative certificate if:

- you were an expectant parent, and
- your loss took place in NSW, and
- your loss took place before 20 weeks or, if weeks are unknown, your baby weighed less than 400g.

How to submit your application

Email

Email this application as an attachment to bdm-epl@customerservice.nsw.gov.au using the subject line 'EPL application.'

By post

Please post your completed application, and any other required documents to:

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

In person

To lodge in person, find your local Service NSW centre at www.service.nsw.gov.au

Translating and Interpreting Service

Phone: 131 450

NRS: 1300 555 727 (hearing or speech impaired)

Processing times: nsw.gov.au/bdm/processing-times

Privacy

The Registry is responsible for the administration of legislation including the *Births, Deaths and Marriages Registration Act 1995* and the *Relationship Register Act 2010* and the regulations made under those Acts. We collect information under those Acts in order to register NSW life events accurately and securely in perpetuity, ensuring their integrity and confidentiality.

The Register is a permanent historical record and part of the civil records of NSW. It is not available for public scrutiny. Information held in the Register is used to issue certificates in accordance with our Access Policy and can be used for a range of other purposes including statistical analysis, medical research, community planning and law enforcement.

When you complete this form, we use the information that you provide to us to respond to your request (which may include determining your eligibility and making a decision on your application) and to prevent fraud. We may disclose your personal information to a third party to verify that the information that you have provided to us is correct.

For more information about how we handle personal information, including who we may disclose it to, please read our Privacy Collection Notice, available at 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.

Read before completing form – important information

- You can complete this form digitally then print, or you can print this form and fill it out with black or blue pen.
- Use BLOCK letters and write clearly.

Recognition of early pregnancy loss certificate

Part A – Baby’s name (optional)

If you choose not to provide a name, the certificate will show “Baby of...” parent’s names.

First name	Other given name/s or middle names <small>(optional)</small>
Family name (surname)	

Part B – Details of loss

Please share any details you can about your loss. We understand that, due to the circumstances, you may not wish, or be able, to provide exact information. If you are unsure, we recommend including an estimated location and date.

Suburb/Town/City	Date of loss
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Part C – Parent details

Parent one (carrying parent)

First name
Other given name/s or middle name <small>(optional)</small>
Family name <small>(surname)</small>
Parent one phone number
Parent one email address

Parent two (if applicable)

First name
Other given name/s or middle name <small>(optional)</small>
Family name <small>(surname)</small>
Parent two phone number
Parent two email address

Who is the person completing this form? (tick the box that applies)

☐ Parent one (carrying parent) is the applicant

☐ Parent two is the applicant

Postal address

Street address/PO Box	
Suburb/Town/City	Postcode
State/Territory	Country

Part D – Applicant’s declaration

I declare that I meet the application eligibility requirements. I declare that the information I have provided is true and correct. I have read and understand all the information and instructions in this application including the information about privacy. I acknowledge the ‘recognition of early pregnancy loss’ certificate I receive is not a legal document.

Applicant’s signature

Date signed