

North Carolina Board of Funeral Service
1033 Wade Avenue, Suite 108
Raleigh, NC 27605
Toll Free in NC 800-862-0636 919-733-9380 Facsimile 919-733-8271
www.ncbfs.org

CONFIRMATION OF FETAL DEATH FOR CREMATION

Pursuant to G. S. 90-210.129(o), this form is required for all fetal deaths occurring at less than 20 weeks gestation.

Parents of Fetal Remains: _____

Time of Delivery of Fetal Remains: _____

Date of Delivery of Fetal Remains: _____

Place of Fetal Death: _____

Cause of Fetal Death: _____

Fetal death is a medical examiner case: ____ yes ____ no

I certify I have sufficient knowledge to complete this form describing the cause of fetal death. To the best of my knowledge and belief, the information contained herein is correct and complete.

Signature of Attending Physician: _____

Name of Attending Physician (printed): _____

Date Signed by Attending Physician: _____