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; and
- 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.

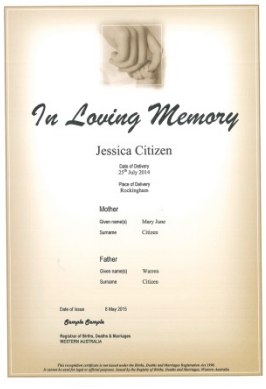
Fees & commemorative certificates

Recognition of early pregnancy loss is **free**.

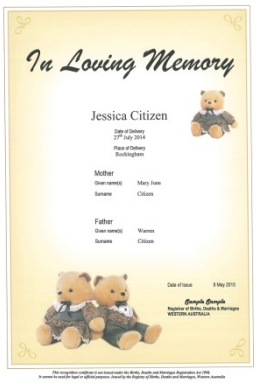
There are two recognition certificate designs to choose from.

Please select one certificate type on your application form.

HANDS



BEARS



Instructions

- Complete and sign the application form including all **mandatory** fields marked with an asterisk (*).
- Select **one** of the two commemorative certificate designs.
- The treating medical practitioner or midwife must sign the health professional's declaration.
- Lodge the application either by mail or in person.

How to lodge this application

Completed applications can be lodged by mail to:

Registry of Births, Deaths and Marriages
PO Box 7720
Cloisters Square
PERTH WA 6850

Or lodged in person at the Perth Registry Office:

Level 10
141 St Georges Terrace
PERTH

Office Hours: 8.30am to 4.30pm, Monday – Friday

Please Note: Applications lodged in person cannot be processed immediately but will be made available for collection or posted within five (5) working days.

Faxed or emailed application forms will not be accepted.

Enquiries

Phone: 1300 305 021

Website: www.bdm.justice.wa.gov.au

Location: See below

Recognition of early pregnancy loss application

Registry of Births, Deaths and Marriages, Western Australia
141 St Georges Terrace, Perth WA TEL: 1300 305 021

Baby's details

PLEASE NOTE: 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.

Surname					
Given name(s)					
*** Place of Delivery** (Suburb/Town/City)					
*** Date of delivery**	Day / Month / Year / /	**Gestation in weeks**		**Weight of baby**	

Birth Mother's details (Parent One)

*** Surname**			
*** Given name(s)**			
*** Maiden Surname**		Age	
*** Place of birth**	Suburb / Town	Country	

Parent Two details (These details will only be included if they sign this application)

Surname			
Given name(s)			
Maiden Surname (if applicable)		Age	
Place of birth	Suburb / Town	Country	

Applicant's details

* Relationship to baby ☐ Mother ☐ Father ☐ Parents

* Certificate design ☐ Hands ☐ Bears

* Certificate to be ☐ Collected ☐ Posted

*** Postal address**			
	Suburb	State	Postcode
Email address		*** Daytime phone number**	

Declaration: I declare that the information I have provided is true and correct. I understand that the WA Registry of Births, Deaths and Marriages may make enquiries with any organisation or individual to verify the identity documents provided with this application.

*** SIGNATURE OF APPLICANT**		**Date**	/ /
*** SIGNATURE OF APPLICANT**		**Date**	/ /

Registry of Births, Deaths and Marriages, Western Australia
141 St Georges Terrace, Perth WA TEL: 1300 305 021

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	/ /

Declaration

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

*** SIGNATURE OF HEALTH PROFESSIONAL**		**Date**	/ /