

(Place MR Label Here)

MR#:

Patient's Name:

Patient's Date of Birth:



### Authorization for Disposition of Body: Funeral Home (IUFD or Neonatal Demise)

For liveborn infant:

Infant Name(s): \_\_\_\_\_

Infant DOB: \_\_\_\_\_ Infant MRN: \_\_\_\_\_

For IUFD AND liveborn infant:

Mother's Name: \_\_\_\_\_

Mother's DOB: \_\_\_\_\_ Mother's MRN: \_\_\_\_\_

I wish to make funeral arrangements for the infant. I understand that the infant must be picked up within thirty (30) days.

Funeral Home Name: \_\_\_\_\_

Funeral Home Address: \_\_\_\_\_

Funeral Home Phone Number: \_\_\_\_\_

Funeral Home Contact Person: \_\_\_\_\_

I wish to make funeral arrangements for the infant and wish to **SELF-TRANSPORT** the infant's body to the designated funeral home. Please complete the additional forms listed below:

ADH Transit Form -VR-30

Release of the Infant-MR#1649

The morgue attendant or other hospital staff will contact you or the funeral home at the number you have provided and arrange a time for the body to be released/picked up. The designated person obtaining remains must present proper identification (ID) to obtain remains. Unless otherwise specified, UAMS shall retain the body of the deceased infant for thirty (30) days before final disposition of the remains is initiated by UAMS authorities at the hospital's expense.

Parent/Legal Guardian Printed Name: \_\_\_\_\_

(Must be mother if not married or if legal documents are not present for legal guardianship)

Parent/Legal Guardian Address: \_\_\_\_\_

Parent/Legal Guardian Phone Number: \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Relationship to infant (if other than Mother): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



(Place MR Label Here)

MR#:

Patient's Name:

Patient's Date of Birth:



### Authorization for Cremation of Body (IUFD or Neonatal Demise)

For liveborn infant:

Infant Name(s): \_\_\_\_\_

Infant DOB: \_\_\_\_\_ Infant MRN: \_\_\_\_\_

For IUFD AND liveborn infant:

Mother's Name: \_\_\_\_\_

Mother's DOB: \_\_\_\_\_ Mother's MRN: \_\_\_\_\_

I authorize UAMS to arrange for cremation **AND** final disposition of the cremains.

I authorize UAMS to arrange for cremation, and **I WISH TO RECEIVE THE CREMAINS**. I understand that the infant must be picked up within thirty (30) days after cremains have been returned to UAMS.

The body will be held for 24 hours upon receipt to the morgue before release to the crematorium. The morgue attendant will contact you at the number you have provided and arrange a time for the cremains to be released/picked up. The designated person obtaining cremains must present proper identification (ID) to obtain remains. Unless otherwise specified, UAMS shall retain the cremains of the deceased infant for thirty (30) days after the receipt from the crematorium before final disposition of the remains is initiated by UAMS authorities at the hospital's expense.

Parent/Legal Guardian Printed Name: \_\_\_\_\_

(Must be mother if not married or if legal documents are not present for legal guardianship)

Parent/Legal Guardian Address: \_\_\_\_\_

Parent/Legal Guardian Phone Number: \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Relationship to infant (if other than Mother): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

