



WESTERN MICHIGAN UNIVERSITY
Homer Stryker M.D.
SCHOOL OF MEDICINE
MEDICAL EXAMINER AND
FORENSIC SERVICES

Stillbirth & Fetal Death Information

****Time Sensitive - For Investigative Purposes Only****

To allow for the Medical Examiner's Office to authorize fetal and stillbirth cremation permits in a timely fashion, please complete and submit this document with each fetal cremation request.

Mother's Name: _____ Mother's Date of Birth: _____
Father's Name: _____
Date of Delivery: _____ Sex of Fetus: _____
Gestational Age: _____ Weight of Fetus (grams): _____

Location of Delivery:

Hospital Hospital Name: _____
 Home Home Address: _____
Other: _____

Circumstances of Delivery: Please provide details of delivery.
