



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

OFFICE OF THE MEDICAL EXAMINER

Stillbirth & Fetal Death Information

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

Mother's Name: _____ Mother's Date of Birth: _____

Father's Name: _____ Gestational Age: _____

Date of Delivery: _____ Weight of Fetus (grams): _____

Location of Delivery:

Home: _____ Hospital Name: _____

Address: _____ Hospital Address: _____

Other: _____

Circumstances of Delivery: Did the mother or fetus sustain trauma that induced the stillbirth or fetal death? If yes, please explain.

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.

Thank you for your time and assistance.

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