

## GUIDANCE NOTES FOR COMPLETING AN ENTRY TO BE MADE IN THE MEMORIAL BOOK OF PREGNANCY AND BABY LOSS PRIOR TO 24 WEEKS APPLICATION FORM

This form is to be used to apply to have a pregnancy or baby loss before the 24<sup>th</sup> week of pregnancy, where there were no signs of life, recorded by the Registrar General for Scotland.

There is no statutory requirement to register your loss, and all information is given voluntarily. There is no requirement to submit medical evidence of the loss with this application.

### Who may make an application

An application for an entry in the Memorial Book of Pregnancy and Baby Loss Prior to 24 Weeks may only be submitted by either:

- the mother/woman/person who has had the loss; or
- the mother/woman/person who has had the loss **and** the father/parent/partner of person who has had the loss

If the mother/woman/person who has had the loss is deceased, the application may be completed solely by the father/parent/partner of person who has had the loss and may contain both parties' details.

If the father/parent/partner of person who has had the loss is deceased, the application may be completed solely by the mother/woman/person who has had the loss and may contain both parties' details.

The loss must have occurred in Scotland, or the mother/woman/person who has had the loss must be residing in Scotland at the time of completing the application.

Where the mother/woman/person who has had the loss is now deceased, the loss must have occurred in Scotland or the father/parent/partner of person who has had the loss must be residing in Scotland at the time of completing the application.

### When may this application be completed

The scheme will be open to retrospective applications with no time limit on application. As such, there are no age limits on who can apply.

### How to apply

The completed application should be returned either:

**By email to** [MemorialBook@nrscotland.gov.uk](mailto:MemorialBook@nrscotland.gov.uk); or  
**By post to** NRS Memorial Book Team, Room 36 New Register House, 3 West Register Street, Edinburgh EH1 3YT.

The application can be signed digitally or with a typed signature, or it can be printed and signed in ink. It can then be scanned and emailed to our team once signed, or posted to the address above.

If you have any queries about an application, you may contact National Records of Scotland (NRS) by email at [MemorialBook@nrscotland.gov.uk](mailto:MemorialBook@nrscotland.gov.uk).

## **Completing the application**

### **Section 1 – Details of your pregnancy or baby loss**

Provide the details of your loss, as far as is known.

The inclusion of a forename and surname is optional and only if given.

If the exact date when the loss occurred is unknown, an estimated date may be entered. This can include an estimated month and/or year.

If the exact location where the loss occurred is unknown, an approximate location may be entered.

### **Section 2 – Applicant(s)**

Provide the details of the applicant(s).

Names recorded should be the names used at the time the loss occurred.

An application will only be accepted if the mother/woman/person who has had the loss completes the application form, either as a single applicant or makes a joint application with the father/parent/partner of the person who has had the loss.\*

*\*Where the mother/woman/person who has had the loss is deceased, the father/parent/partner of person who has had the loss may submit an application as the sole applicant.*

### **Section 3 – Declaration and Signature(s)**

Applicant(s) should sign and date the application form and include their signature in block capitals.

For an application to be accepted, Section 3 can be signed digitally or in ink.

## **Privacy Notice**

The Memorial Book Privacy Notice explains what will happen to personal information you provide as a result of making this application. This Privacy Notice is available on the NRS website.

Your signature on this application form is taken as confirmation that you have read, and are in agreement with, the provisions in the Privacy Notice.

### **Certificate(s)**

If the Registrar General accepts an application for inclusion in the Memorial Book, a commemorative certificate will be issued free of charge.

A certificate from the Memorial Book has no legal status and may not be used as evidence of your loss.

**APPLICATION FOR AN ENTRY TO BE MADE IN THE  
MEMORIAL BOOK OF PREGNANCY AND BABY LOSS PRIOR TO 24 WEEKS**

**SECTION 1 – DETAILS OF YOUR PREGNANCY OR BABY LOSS**

Forename(s) <i>(Optional, if given)</i>	
Surname(s) <i>(Optional, if given)</i>	
Sex <i>(If known)</i>	
Date of loss <i>(DD/MM/YYYY)</i> <i>(If known, or estimated)</i>	
Place of loss <i>(Name of hospital, or postal address)</i>	

**SECTION 2 – APPLICANT(S)**

An application will only be accepted if the mother/woman/person who has had the loss completes the application form, either as a single applicant or makes a joint application with the father/parent/partner of the person who has had the loss.\*

*\*Where the mother/woman/person who has had the loss is deceased, the father/parent/partner of person who has had the loss may submit an application as the sole applicant.*

	<b>Mother/Woman/Person who has had the loss</b>	<b>Father/Parent/Partner of the person who has had the loss</b>
Forename(s)		
Surname		
Postal address		
Email address		
Telephone number		

**If you are the sole applicant for an entry to be made in the Memorial Book and you have entered details of both parents to be recorded, please confirm that the mother/woman/person who has had the loss, or father/parent/partner of the person who has had the loss, is deceased\*:**

Is the mother/woman/person who has had the loss deceased? Yes / No

Is the father/parent/partner of person who has had the loss deceased? Yes / No

*\*If neither parent is deceased and you wish both to be named in the Memorial Book, both must sign this application form.*

**SECTION 3 – DECLARATION AND SIGNATURE(S)**

I confirm that the information given on this application form is correct, to the best of my knowledge and belief.

	<b>Mother/Woman/Person who has had the loss</b>	<b>Father/Parent/Partner of the person who has had the loss</b>
Signature		
Signature in BLOCK CAPITALS		
Date		