



602 Indiana Ave
Lubbock TX 79415
(806)775-8200

Patient Label Here

Consent & Request for Disposition of Infant/Fetus (Fetal Demise)

Fetus Born to: _____ on _____
MOTHER'S NAME DATE

I/We hereby authorize and request that University Medical Center honor my request in the disposition of the fetal demise (body of the baby) in the following manner (Select one option in each section):

_____ 1. Hospital Disposal (according to customary medical practice, ashes will not be retained)
INITIALS

OR

_____ 2. Cremation or Burial
INITIALS

_____ a. Private Pay: I/We will make all necessary
INITIALS arrangements for the burial or cremation of my infant.

OR

_____ b. Financial Assistance: I/We request consideration for financial assistance
INITIALS with burial or cremation expenses for my infant.
I understand that I must contact the Lubbock County Assistance Office to
schedule an appointment to determine eligibility.

MOTHER'S SIGNATURE DATE TIME

SPOUSE'S SIGNATURE DATE TIME

WITNESS SIGNATURE DATE TIME

Relationship of witness to family: _____

