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|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | |
| The Births, Deaths and Marriages Registration Act 1996 does not provide for the registration of an early pregnancy loss prior to 20 weeks gestation and under 400 grams body mass. In such cases, the office of Births, Deaths and Marriages will issue a Commemorative Certificate to the parents on application. The certificate is not to be used for official purposes.  **Please note:** this application must be supported by a statement/letter from your Medical Practitioner confirming the details of the delivery. | | | | | | | | | | | | | | | |
| **Applicant details** | | | | | | | | | | | | | | | |
| Name of person filling in form / applicant | | | | | | |  | | | | | | | | |
| Signature | |  | | | | | | | | | | Date | | |  |
| Postal address | |  | | | | | | | | | | Postcode | | |  |
| Daytime telephone no. | | |  | | | | | | | | | | | | |
| Certificate to be | | **Collected** | | Yes/No | | **Posted** | | Yes/No | **Laminated** | | | | | Yes/No | |
| Left blank on purpose | | | | | | | | | | | | | | | |
| **Full name** | | | | | | |  | | | | | | | | |
| **Date of early pregnancy loss** | | | | | | |  | | | | | | | | |
| **Place of early pregnancy loss** | | | | | | |  | | | | | | | | |
| **Full name of parent 1** | | | | | | |  | | | | | | | | |
| **Full name of parent 2** | | | | | | |  | | | | | | | | |
| **Weight (optional)** | | | | | | |  | | | | | | | | |
| **Period of gestation in weeks (if supplied)** | | | | | | |  | | | | | | | | |
| **Name of health professional** | | | | | | |  | | | | | | | | |
| Left blank on purpose | | | | | | | | | | | | | | | |
| Signature (if collected) | | | |  | | | | | | | **Date** | |  | | |
| For lodgement, registration or collection of documents, or for further information, please contact either of the following offices during business hours: | | | | | | | | | | | | | | | |
| **DARWIN**  Phone (08) 8999 6119  Fax: (08) 8999 6324 | | | | | **PALMERSTON**  \*Friday only 8 am to 12 noon  Phone Darwin office on (08) 8999 6119 | | | | | **ALICE SPRINGS**  Phone (08) 8951 5338 | | | | | |
| **Office of Births, Deaths & Marriages**  Nichols Place  Cnr of Cavenagh & Bennett Streets  Darwin NT 0800  GPO Box 3021  Darwin NT 0801 | | | | | **Palmerston Community Care Centre**  Palmerston Health Precinct  Guard Street,  Palmerston NT 0830 | | | | | **Office of Births, Deaths & Marriages**  Ground Floor Centrepoint Building  Cnr Hartley Street & Gregory Terrace  Alice Springs NT 0870  PO Box 8043  Alice Springs NT 0871 | | | | | |
| End of form | | | | | | | | | | | | | | | |