



# FINAL DISPOSITION OF A STILL BIRTH

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

**\*\* DISPOSITION PERMIT**  
(Complete and Print; Sign and Mark Usage According to Distribution)

**\*\* FAMILY USE ONLY**

Name of Stillborn Or Parent(s) \_\_\_\_\_  
(Type or Print - First, Middle, Last, Suffix)

This stillborn was delivered dead on \_\_\_\_\_ Signature \_\_\_\_\_  
(Month, Day, Year) (Signature of Attendant)

Place of Delivery \_\_\_\_\_  
(Township, Village or City) (County)

Method of Final Disposition (Check One)  Burial  Cremation  Storage  Donation  Other

APPROVED FOR CREMATION BY: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Medical Examiner) (Month, Day, Year)

AUTHORIZATION FOR FINAL DISPOSITION IS GIVEN BY:

Name \_\_\_\_\_  
(Check one)  Mortuary Science Licensee  Institution Director  Agency Authorized To Accept Donated Bodies

Signature of Mother \_\_\_\_\_ Date \_\_\_\_\_  
(Month, Day, Year)

Signature of Father/Spouse \_\_\_\_\_ Date \_\_\_\_\_  
(Month, Day, Year)

### MORTUARY SCIENCE LICENSEE OR FACILITY USE

Final Disposition was on \_\_\_\_\_, in \_\_\_\_\_  
(Month, Day, Year) (Cemetery, Crematory or Facility)

Place: \_\_\_\_\_ Signature \_\_\_\_\_  
(Township, Village or City) (County) (Signature of Mortuary Science Licensee or Institution Director)

## READ CAREFULLY

This form is required under the provision of MCL 333.2848(2) which reads in part, *“Before final disposition of a dead fetus, irrespective of the duration of pregnancy, the funeral director or person assuming responsibility for the final disposition of the fetus shall obtain from the parents, or parent in case of an unmarried mother, an authorization for final disposition on a form prescribed and furnished or approved by the state registrar.”*

**PARENT(S):** Authorization for final disposition of a stillborn fetus must be given by both parents in the case of a married woman. If the mother is not married at the time of delivery, authorization of only the mother is required. The completed form serves as a certification document for the family and as authorization for disposition.

**ATTENDANT:** Your signature is required to certify a stillborn fetus.

**MEDICAL EXAMINER:** Your signature is needed to authorize cremation.

**MORTUARY SCIENCE LICENSEE; INSTITUTION DIRECTOR; INSTITUTIONS AUTHORIZED TO ACCEPT DONATED BODIES:** This form is required for disposition of a stillborn, including interment, storage, and cremation.

When the body is to be transported by common carrier, this certification serves as a transit permit. The second copy shall be attached to the shipping case in a strong envelope. As a safeguard against loss in transit, a duplicate of the second copy shall be mailed to the funeral director at destination or handed to him or her by the escort traveling with the body.

**SEXTON OR PERSON IN CHARGE:** It is unlawful for a person in charge of a burial place or disposal facility to permit the disposition of a stillborn fetus without a properly completed authorization. The sexton may accept the permit of any state or the District of Columbia as authorization for burial. The sexton or other person in charge of the disposal site is required to keep a record of final dispositions made on the premises under his or her charge. The record shall contain the name of a stillborn (if named), date and place of death, date of final disposition and the name and address of the person authorized to handle the disposition.

THE **FAMILY USE ONLY** COPY SERVES AS CERTIFICATION; A COPY **SHOULD NOT** BE PRINTED IF THE FAMILY DOES NOT WANT A COPY.

THE **DISPOSITION PERMIT** COPY SERVES AS AUTHORIZATION TO DISPOSE OF THE STILLBORN FETUS AND IS TO BE RETAINED BY THE PERSON AUTHORIZED TO DISPOSE OF THE STILLBORN FOR A PERIOD OF NOT LESS THAN SEVEN YEARS.