



FINAL DISPOSITION OF A STILL BIRTH

PART I

Name of Stillborn Or Parent(s) _____

This stillborn
was delivered dead on _____, 20____ Signature _____
(Attendant)

Place of Delivery _____
(County) (Township or Village or City)

Method of final disposition (Check one): ☐ Burial ☐ Cremation ☐ Storage ☐ Donation ☐ Other

APPROVED FOR CREMATION BY: _____ Date _____, 20____
(Signature of Medical Examiner)

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 _____, 20____

Signature of Father _____ Date _____, 20____

MORTUARY SCIENCE LICENSEE OR FACILITY USE

Final Disposition was on _____, 20____, in _____
(Cemetery, Crematory or Facility)

Place: _____ Signature _____
(County) (Township or Village or City) (Mortuary Science Licensee or Institution Director)

DCH-0490 (Rev 4/13/10) By authority of MCL 333.2848(2), form provided by the Michigan Department of Community Health,
Division for Vital Records & Health Statistics.

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