Registry of Births, Deaths and Marriages Victoria

Recognition of Early Pregnancy Loss

General information

## Eligibility

You are eligible for an early pregnancy loss certificate if:

* You were the expectant mother, father or other parent of the deceased.
* Your loss took place in Victoria.
* Your loss took place before 20 weeks or, if weeks are unknown, your baby weighed less than 400g.

## Completing this form

* You can complete this form online and print out a copy to sign.
* Attach a document (e.g. utility bill, bank statement) that shows your current Victorian residential address.
* Email your completed form **AND** the document that shows your current residential address to [bdmearlyloss@justice.vic.gov.au](mailto:bdmearlyloss@justice.vic.gov.au).

Recognition of early pregnancy loss is free. Please visit our website for turnaround times, which are the same as standard certificates. Only one certificate may be issued for your loss.

## Your right to privacy

The information on this application form is collected for the sole purpose of issuing a Certificate of recognition of Early Pregnancy Loss. The information will not be shared with any external parties or agencies.

## Disclosure of information

In completing this application form, you have consented for the information provided by you to be used for the sole purpose of confirming and issuing your certificate of recognition of early pregnancy loss.

You have the right to access or correct information held by the Registry under the *Freedom of Information Act 1982 (Vic)*.

If you have any questions relating to your application, please contact earlyloss@justice.vic.gov.au

For more information on privacy and disclosure, please visit [bdm.vic.gov.au](https://www.bdm.vic.gov.au/about-us/legislation-policies-and-practices/privacy-policy)

**Application**

**Mandatory fields are marked \***

If the mandatory fields are not completed as indicated, the Registry will be unable to issue the commemorative certificate.

## Baby’s name

If you choose not to provide a name, the certificate will show “Baby of…” parent’s name(s).

|  |  |
| --- | --- |
| Baby’s first given name |  |
| Baby’s other given name(s) |  |
| Baby’s family name (surname) |  |

## Place of loss

Please provide information on where the loss took place. We understand that due to the circumstances, you may not be able to provide all the details.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Suburb/Town/City** | | |  | | |
| **\* State/Territory** | | | Victoria | | |
| **Date of loss** | | |  | | |
| \* Gestation in weeks |  | | OR weight of baby |  | |

## Parent 1 details

|  |  |
| --- | --- |
| **\* First given name** |  |
| Other given name(s) |  |
| **\* Family name (surname)** |  |

## Parent 2 details

|  |  |
| --- | --- |
| First given name |  |
| Other given name(s) |  |
| Family name (surname) |  |

## Applicant details

**To apply, you must have been the expectant mother, father or parent of the deceased.   
We cannot accept applications from a third party.**

**Mandatory fields are marked \***

**\* Your relationship to the baby (please check one)**

Mother

Father

Parent

### Postal address

|  |  |
| --- | --- |
| \* **Address** |  |
| \* **Suburb/Town/City** |  |
| \* **State/Territory** |  |
| \* **Postcode** |  |

### Contact details

|  |  |
| --- | --- |
| \* **Phone number** |  |
| \* **Mobile number** |  |
| \* **Email address** |  |

## Applicant declaration

I declare that the information I have provided is true and correct. I have read and understand ‘Your Right to Privacy’ and ‘Disclosure of Information’ on the previous page. I acknowledge that the certificate of recognition of early pregnancy loss’ is not a legal document.

|  |  |
| --- | --- |
| **\* Signature of applicant** |  |
| **\* Date (dd/mm/yyyy)** |  |

## Applicant checklist

Before submitting this application, I have:

Completed the mandatory fields, marked with \*

Signed the applicant declaration above

Attached a document showing my current Victorian residential address.