



STILLBIRTH CONFIRMATION REPORT

INSTRUCTIONS:

1. To be completed by the Medical Examiner at the hospital of birth.
2. This report is required to consider a claim under the under-mentioned policy.

1. POLICY DETAILS:

Name of Group Risk Policy

Policy no

Name of Employer

2. EMPLOYEE DETAILS:

Title

Initials

Surname

Full name(s)

ID no

Contact no

3. DETAILS OF STILLBORN:

Surname

Full name(s) of the stillborn

Place of birth

Birth weight

 . kg

Pregnancy period

 weeks

Cause of death:

Initial

