

## REQUEST FOR DISPOSITION OF PRODUCTS OF CONCEPTION

We understand that this may be a stressful time and we are here to support you. You have the right to decide what you would like to do with the remains of your pregnancy. This form outlines your options. Our team is here for you and able to answer any questions you may have.

**Consent to Disposition of Pregnancy Remains** Please check **only** one:

**Private Burial/Cremation.** I request that the remains be released to me for my private arrangements. I take responsibility for payment and filing any necessary paperwork for such arrangements.

**Disposition by Hospital.** I consent to release the remains to the Hospital. Remains less than 24 weeks gestational age/26 weeks since last menstrual period (LMP) will be cremated. The ashes cannot be returned to me. The cremation is provided by Northwell and there is no charge to me. For remains greater than 24 weeks gestational age/26 weeks LMP, the Hospital will pursue cremation, working with the City of New York, the County in which the Hospital resides or with a funeral home, depending on availability.

**Other disposition plan (must specify):** \_\_\_\_\_

**I cannot make my decision now.** I understand that the Hospital will retain the remains for no longer than 2 weeks (14 days) from the date of my procedure. If I wish to bury/cremate, I will contact the Hospitals' Social Work Department and make burial/cremation arrangements within 14 days. If I do not contact the Hospital within 2 weeks, the Hospital will pursue cremation, as above.

\_\_\_\_\_  
Patient/Agent/Relative/Guardian\* (Signature)    Date    Time    Print Name    Relationship if other than biologic parent

\_\_\_\_\_  
Witness to signature (Signature)    Date    Time    Print Witness Name