



Mayo Medical Laboratories
3050 Superior Drive NW
Rochester, Minnesota 55905
800-533-1710

Final Disposition of Fetal/Stillborn Remains

I understand that by signing below, Mayo Clinic will dispose of the remains by cremation. I understand that cremation would mean that there are no ashes or other remnants available for burial.

I wish to leave the remains with Mayo Clinic, to be disposed by mass cremation in accord with usual Mayo Clinic practices. The ashes will be placed in a designated gravesite at a local cemetery in Rochester, Minnesota.

Date: _____

Parent Name(s) _____

Parent Signature(s) _____

Witness Name _____ Witness Signature _____