

CONFIRMATION OF BIRTH/STILLBIRTH

To be completed by Attending Doctor / Hospital

PROSPERITY LIFE CLAIM REFERENCE No:

Name & Surname of Biological Mother

Identity Number of Biological Mother

Was baby Stillborn ?

YES

NO

**Please state how many weeks (gestation period)
(period of pregnancy)**

Please state immediate cause of death:

Place of Death

Date of Death

Name of Baby

I, the undersigned, declare that all information provided by me is true and correct, that the abovementioned is the biological mother of the deceased and NO relevant information was withheld.

Date

Doctor's Name & Surname

Practice Number:

Year Qualified:

Medical Qualifications

Doctor's Signature

Official Hospital Stamp, Date & Tel

**For queries regarding this document contact the claims department at
(Tel) 012-741-4010
(Fax) 012-366-3481 / 0866937762
E-mail: claimscontrol@assupol.co.za**