

SCHEDULE 3

Regulation 8(3)(c)

APPLICATION FORM FOR THE CREMATION OF  
A PREGNANCY LOSS ON OR BEFORE 24 WEEKS

|                   |
|-------------------|
| Cremation number: |
|-------------------|

Form A3: Application for cremation following a pregnancy loss

|                                 |                         |
|---------------------------------|-------------------------|
| Crematorium/cremation authority | Time of cremation _____ |
|                                 | Date of cremation _____ |

**BABY'S NAME (if given)** \_\_\_\_\_

This form must be used to apply for the cremation of a pregnancy loss, where the loss occurred on or before the end of the 24th week of gestation and showed no signs of life. This is a requirement of the Cremation (Scotland) Regulations 2019, made under section 48 of the Burial and Cremation (Scotland) Act 2016. This application form should be completed by the woman who has experienced the pregnancy loss, unless the woman authorises another person to complete the form on her behalf or if she is unable to due to exceptional circumstances.

The application is made to the cremation authority you want to carry out the cremation. The cremation authority is the organisation responsible for running the crematorium where the cremation is to take place. The cremation authority will need to check the form to make sure it contains all of the necessary information. Missing information or information that is not accurate may result in the cremation being delayed or refused.

As the person who is applying for the cremation, you are 'the applicant'. You must have the legal right to apply for the cremation (see guidance notes). If you are unsure about any of the information that is required, or are not sure what certain parts of the form mean, you should speak to the funeral director who is making the arrangements, staff at the crematorium where the cremation is to take place, or to any other person who is arranging the funeral.

It is not a requirement to use the services of a funeral director but where one is being used the funeral director should sign the relevant part of section 4. Guidance notes are provided at the end of this form.

**Change of crematorium**

If it is necessary to change the crematorium for any reason a new Form A3 should be completed.

**Forms checklist**

You should ensure that you have attached any necessary documents to this application form. The cremation authority will need to have them to allow the cremation to take place (please tick as appropriate).

**Status:** This is the original version (as it was originally made).

Required

- Medical certificate of pregnancy loss OR
- Health Authority/medical practitioner confirmation that the pregnancy has ended.

Optional

- Form E1 (if Procurator Fiscal has been involved and has released the remains for cremation) (see Note 2 of the guidance notes).

**Personal details of individuals contained in this form are not to be used for any other purpose.**

The information provided on this form is a legal requirement under the Burial and Cremation (Scotland) Act 2016 and will be processed in line with Data Protection legislation. The data will be held by the cremation authority that is carrying out the cremation. It will be held securely, in confidence and processed solely for the purpose of carrying out the cremation and the handling of ashes. It will not be shared with any third party. You have the right to know what data is held about you and you can, by contacting the cremation authority in writing, receive a copy of that data. The cremation authority is obliged to include in their privacy notice how the information will be held, for how long and how you may make a complaint to the Information Commissioner's Office.

**Section 1: Your information ('the applicant')**

This section is used to record your details. In completing this form you are the applicant for the cremation. Please see Note 1 of the guidance notes for who can apply.

**Applicants MUST be 16 years of age or older to apply for a cremation. Applicants may be under the age of 16 if they are the woman who experienced the loss, however, you may wish to seek the support of a parent or guardian if you feel it would be helpful.**

Title

First name

Surname

Address

|  |
|--|
|  |
|--|

Post code

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

Telephone

|  |
|--|
|  |
|--|

Email address

**Section 2: Application for the cremation of a pregnancy loss**

This section is used to record the details of a pregnancy loss (please tick the relevant box below).

I am the woman who has experienced the loss  (please complete sections 2a and 2c)

I have been authorised by the woman who experienced the loss to make the application  (please complete sections 2a, 2b and 2c)

**Section 2a**

Date on which pregnancy loss occurred (DD/MM/YYYY)

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

Name of baby/ family name

|  |
|--|
|  |
|--|

(The midwife, registered nurse or medical professional has issued a letter or certificate to confirm that a pregnancy loss has taken place).

**Section 2b**

Please state your relationship to the woman who experienced the loss

|  |
|--|
|  |
|--|

Name of woman who experienced the loss

|  |
|--|
|  |
|--|

*Status: This is the original version (as it was originally made).*

Address of woman who experienced the loss

|           |   |  |  |  |  |   |  |  |  |  |
|-----------|---|--|--|--|--|---|--|--|--|--|
| Post code | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> |  |  |  |  | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> |  |  |  |  |
|           |   |  |  |  |  |   |  |  |  |  |
|           |   |  |  |  |  |   |  |  |  |  |

**Section 2c**

If the Procurator Fiscal (PF) has investigated the pregnancy loss, the cremation cannot take place until the PF has given approval. More information about the involvement of the procurator fiscal is provided at Note 2 in the guidance notes (please tick boxes below as applicable).

Has the pregnancy loss been investigated by the procurator fiscal?      Yes     No

**Form E1 has been provided by the procurator fiscal**      Yes     No

**Section 3: Hazards**

This section is used to record details of anything which might be a hazard during cremation – for example, the presence of particular diseases. **The presence of some hazards may delay or prevent cremation taking place.** If you are in any doubt about this, you must discuss it with a funeral director or crematorium staff.

**Are you aware if any of the following apply:**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Is there a risk to public health: for example did the woman have a notifiable infectious disease or was she contaminated immediately before delivery? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a cardiac pacemaker or any other potentially explosive device currently present? (see the guidance notes for examples)                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there radioactive material or other hazardous implant currently present?   | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered 'yes' to the questions about a cardiac pacemaker and/or radioactive material, please give details and state whether the device was removed.

---

**Section 4: Declaration**

This section requires you to declare that the information you have provided is, to the best of your knowledge, true, and that you are entitled to apply for this cremation. **It is an offence to knowingly provide false information and if you do you may be liable to a fine of up to Level 3 on conviction.**

You must declare that you understand the choices you have made about what is to happen to the ashes following the cremation.

**Applicant's declaration**

I declare that I have the legal right to apply for this cremation. To the best of my knowledge, the information I have provided is true and accurate. I confirm that the various options for what is to happen to the ashes have been explained to me and that I understand the option that I have chosen.

Signature of applicant

Date (DD/MM/YYYY)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

**Funeral Director (to be completed by the funeral director) (if services are used)**

I declare that I have discussed the options with the applicant and know no reason why the cremation cannot take place. I understand that if I become aware of any issues as to why the cremation might not take place between the paperwork being completed and the cremation taking place, I must inform the cremation authority and the applicant.

Name of funeral director's representative

Company name of funeral director

Address of funeral director

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|                      |                      |                      |                      |                      |                      |                      |                      |
| Post code            |                      |                      |                      |                      |                      |                      |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Status: This is the original version (as it was originally made).

Signature of funeral director's representative

Date (DD/MM/YYYY)

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

**Section 5: Disposal of ashes**

**This section is used to record what is to happen to the ashes after cremation. You must choose only one option. Please tick the box and then initial beside the option you have chosen.** Options will vary at each crematorium. Please see Note 5 of the guidance notes. Please discuss with the funeral director the options available for ashes at your chosen crematorium or visit the crematorium's website. **All necessary steps will be used in order to fully recover ashes, but in the event that ashes are not recovered, the Inspector of Cremation will investigate the reasons.**

**The term "ashes" means the material (other than any metal) to which human remains are reduced by cremation including the coffin and any clothing.** Metals may be recycled by the crematorium to help reduce the impact on the environment. Each crematorium will have their own practices. Should you wish to dispose of the metals in any other way then please indicate by ticking the box and metals will be returned to you within the cremated remains or separately from them -  (please see Note 5 of the guidance notes for further information).

**A. I or my representative will collect the ashes from the crematorium.**

|          |  |
|----------|--|
| Initials |  |
|----------|--|

I understand that the ashes must be collected from the crematorium within **4 weeks of the cremation.**

Identification will be needed when the ashes are collected.

(Name of representative \_\_\_\_\_)

**B. I authorise the funeral director who arranged the cremation to collect the ashes on my behalf.**

|          |  |
|----------|--|
| Initials |  |
|----------|--|

I understand that the ashes must be collected from the funeral director within **4 weeks of them being made available.**

Identification will be needed when the ashes are collected.

**C. I instruct the crematorium to disperse the ashes using their usual method.**

|          |  |
|----------|--|
| Initials |  |
|----------|--|

I understand that the crematorium may offer only burial or only scattering.

**I wish to be present when the ashes are buried or scattered (if this is possible)**

**If you would like to be present, please contact the crematorium to arrange a date**

**D. I would like the ashes to be scattered/buried in the same location as a previously deceased person**

**Name of deceased** \_\_\_\_\_

**Date of death** \_\_\_\_\_

**Please state location below (must be in a location agreed with the cremation authority):**

\_\_\_\_\_

**Special Instructions**

(e.g. no cremulation; what you want done with any metal remaining after cremation)

**Section 6: Authorisation for cremation (to be completed by the cremation authority)**

This section is used by the crematorium to confirm that the application is in order and that the cremation can take place.

- I confirm that I have seen the appropriate documentation (as outlined in the checklist on page 1 of this form) to allow the cremation to take place (If a document is still missing, please contact the applicant or their funeral director).
- I confirm that all relevant sections of Form A3 have been completed.
- I confirm that I approve this application for cremation.

Date (DD/MM/YYYY)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Name of crematorium staff

Signature of crematorium staff

Position

## **Guidance Notes:**

### **1. Note 1**

- i. The applicant is the woman who experienced the pregnancy loss or anyone else the woman has nominated to make the arrangements on her behalf (section 79 of the 2016 Act).
- ii. There is normally a lower age limit of 16 years old to be eligible to apply for a cremation. If the woman who experienced the loss is the applicant and under 16 years this limit does not apply.

### **2. Note 2**

#### **Procurator Fiscal**

All deaths which are sudden, suspicious, unexplained or unexpected are reported to the Procurator Fiscal who may instruct the police to investigate the circumstances of the death. Within the Crown Office and Procurator Fiscal Service (COPFS), the Scottish Fatalities Investigation Unit (SFIU) is a specialist unit responsible for investigating these deaths. The SFIU will decide whether further investigation is required. Information is available on the COPFS website: <http://www.copfs.gov.uk/investigating-deaths/our-role-in-investigating-deaths>

Form E1 is issued by the SFIU when the cremation has been approved and may be sent directly to the crematorium. It must be received by the crematorium before the cremation is due to take place.

### **3. Note 3**

#### **i. Hazards**

Examples include: pacemaker; cardiac implant; drug pump; neuro-stimulator; shunt; battery powered implant; Fixion nails used in treatment of bone fractures. Please discuss with the funeral director or cremation authority if you are unsure.

- ii. Notifiable diseases are listed in Schedule 1 of the Public Health etc. (Scotland) Act 2008.
- iii. Some injections for cancer treatment contain radioactive material which may mean that the cremation has to be delayed for a short period.

### **4. Note 4**

- i. The applicant is required to declare that they are entitled to apply for the cremation in terms of the Burial and Cremation (Scotland) Act 2016.
- ii. The funeral director is required to complete the second part of section 4.

### **5. Note 5**

- i. Not all cremation authorities offer the same services – for example, some will scatter ashes while others will inter or bury them. If you are in any doubt about the options available to you, you should discuss them with the cremation authority or with the funeral director who is arranging the funeral. This will ensure that it is possible for the cremation authority to carry out your instructions. Once the cremation authority has accepted this application form, it must follow your instructions for what is to be done with the ashes.



- ii. Further information about the options at section 3 are detailed here:

**A. I or my representative will collect the ashes from the crematorium.**

The person collecting the ashes must bring identification with them. If you do not collect the ashes from the crematorium within **4 weeks** of the cremation taking place, the cremation authority will try to contact you to find out what you want done with the ashes. At this time you may inform them that you still intend to collect the ashes and must agree a new collection date. You may also instruct the cremation authority to bury or scatter the ashes (if they offer this service). If you do not respond or do not tell the cremation authority what your instructions are, the cremation authority may scatter or bury the ashes according to their standard procedures. If the cremation authority scatters or buries the ashes this will be recorded in its cremation register.

**B. I authorise the funeral director who arranged the funeral to collect the ashes on my behalf.**

If you do not collect the ashes from the funeral director within 4 weeks of them being made available, the funeral director will try to contact you to find out what your instructions are for the ashes. At that point, you may inform the funeral director that you still intend to collect the ashes and must agree a new collection date.

You may also instruct the funeral director to return the ashes to the crematorium so that you can collect them there or so that the cremation authority may scatter or bury them.

If you do not respond or do not inform the funeral director what your instructions are, the funeral director may return the ashes to the crematorium. The cremation authority will try to contact you to find out what you want done with the ashes. At this time you may inform them that you still intend to collect the ashes and must agree a new collection date. You may also instruct the cremation authority to bury or scatter the ashes (if they offer this service). If you do not collect the ashes, they may then be scattered or buried by the cremation authority.

**C. I instruct the cremation authority to bury or scatter the ashes (whichever option is offered).**

The cremation authority will bury or scatter the ashes. This is usually done in the Garden of Remembrance, although each cremation authority will have a different procedure. The cremation authority will be able to tell you which options it offers. The cremation authority will record what is done with the ashes in the cremation register.

**D. I instruct the cremation authority to bury or scatter the ashes in the same location as another person.**

The cremation authority may be able to do this. You will need to tell them the name of the deceased, the date of their cremation and where their ashes were buried or scattered.

- iii. **Sensitive disposal of metals—**

Crematoriums often arrange for metal which survives the cremation process to be recovered and sensitively recycled. Metals are made up of items used in the construction of the coffin (e.g. pins and staples) and some surgical implants (e.g. hip joints, pins and plates). Some crematoriums may bury the metals within the crematorium grounds. Any proceeds received following recycling are distributed to charity. The crematorium will need your permission to recycle and should clearly state their policy in terms of any metal recovered following cremation. If you wish, you have the right to request that these metals are returned to you. The cremation process will render the majority of jewellery unrecognisable and ideally should be removed before cremation.

**Status:** This is the original version (as it was originally made).

Cremulation which is the reduction of bones into ashes is carried out in most cases following cremation, unless the cremation authority is instructed not to. You must make this clear on the application form.

- iv. If no instructions are received in the timescales in section 5, the cremation authority has the right to dispose of ashes by the procedure set out in sections 51 – 56 of the Burial and Cremation (Scotland) Act 2016.

**6. Note 6.**

- i. The crematorium is required to verify that the information contained in this form is correct and that the cremation can proceed.
- ii. The signatory should sign the form when they approve the cremation.