

SCHEDULE 1

Regulation 8(3)(a)

APPLICATION FORM FOR THE CREMATION OF ADULT OR CHILD

Cremation number:
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Form A1: Application for cremation of an adult or a child

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

**NAME OF DECEASED** \_\_\_\_\_

This form must be used to apply for the cremation of an adult or a child. This is a requirement of the Cremation (Scotland) Regulations 2019, made under section 48 of the Burial and Cremation (Scotland) Act 2016. **An adult is someone who is 16 years old or older at the time of death. A child is someone under 16 at the time of death.**

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. If this form has not been completed correctly or is incomplete, the cremation authority will contact you to complete the form before the cremation can take place.

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 at the end of this form).

If you are unsure about any of the information that is required, or are not sure what any part of the form means, you should speak to the funeral director who is making the arrangements, staff at the crematorium, or to any other person who is arranging the funeral.

You do not have to use the services of a funeral director to arrange a cremation but where one is being used the funeral director must sign the relevant part of section 4 of this form.

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 A1 should be completed.

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

**Status:** This is the original version (as it was originally made).

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.

### Forms checklist

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

#### Death in Scotland

- Form 14 – Certificate of Registration of Death.
- Form E1 (if procurator fiscal has been involved and has released the remains for cremation) (see section 2).

#### Death in England or Wales

- Certificate of Registration (England and Wales certificate authorising burial or cremation).
- Form 4 (The Medical Certificate) and Form 5 (Confirmatory Medical Certificate) to be completed by a doctor in England OR a Form 6 (Certificate of Coroner).
- Form 103 (Permission to move out of England or Wales Form) is required from the coroner.

#### Death in Northern Ireland

- Belfast Crematorium Form B (The Medical Certificate) and Form C (which verifies the information in Form B) are required, to be completed by a doctor in Northern Ireland OR a Form 20a (Coroner's Authority for Cremation).
- Form 18 (Coroner's Certificate for Removal of a Body out of Northern Ireland) provided by coroner.
- Belfast City Council Form, providing information on whether a hazardous implant is present and whether it has been removed. This must be completed by the doctor who completes Form B or by the coroner.
- Certificate of Registration of Death (Form 14) equivalent and authorisation to remove the body.

#### Death abroad

- Healthcare Improvement Scotland (HIS) authorisation form.
- (please note: HIS require all paperwork which is returned with the deceased, this may include a police post mortem report, police reports, embalming certificate, death registration documents and shipping documents).

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

This section is used to record your details. By completing this form you are the applicant for the cremation. If you are completing the form on behalf of a care facility or health body or organisation please use the business address and contact details. Please see Note 1 of the guidance notes for who can apply.

Applicants **MUST** be 16 years of age or older on the date the deceased died to apply for cremation. Applicants may be under the age of 16 if they are the parent of the child who has died, 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**

<p><b>Post code</b></p> <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>															

**Telephone**

**Email address**

**Relationship to deceased adult**



Place of death

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**Death abroad**

If the death occurred outside the UK you will need to produce a copy of that country’s equivalent of a certificate of death and the authorisation to remove the body from that country. Healthcare Improvement Scotland (HIS) must check all papers and will authorise the cremation. See Note 2 of the guidance notes for more details.

**Procurator Fiscal (PF)**

If the PF has investigated the death, the cremation cannot take place until the PF has given approval. More information about the involvement of the PF is provided at Note 2 in the guidance notes. Please tick boxes below as applicable.

Has the death been investigated by the procurator fiscal?                      Yes     No

If yes, has the cremation been approved 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, certain implants or the presence of particular diseases. Certain hazards may need to be removed from the body before cremation can take place. Implants or devices may damage cremation equipment if not removed before cremation. Some radioactive treatments may endanger the health of crematorium staff.

**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 the funeral director or crematorium staff.

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

	Yes	No
Does the body pose a risk to public health: for example did the deceased have a notifiable infectious disease or was their body contaminated immediately before death?		
Is there a cardiac pacemaker or any other potentially explosive device currently present in or on the body? (see the guidance notes for examples)		
Is there radioactive material or any other hazardous implant currently present in or on the body?		

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

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

**Section 4: Declaration**

This section requires you to declare that the information you have provided in sections 1 to 3 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 so you may be liable to a fine of up to Level 3 on conviction.**

You must declare that you understand the choice 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 options for what can happen with the ashes have been explained to me and that I fully understand the option that I have chosen.

Signature of applicant

Date (DD/MM/YYYY)

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Combined weight of the coffin and deceased  
(complete if no funeral director involved)

**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 anything that may mean the cremation should be delayed 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



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

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

- B. I authorise the funeral director who arranged the cremation to collect the ashes on my behalf.**  
I understand that the ashes must be collected from the funeral director within **4 weeks of them being made available.**

Initials	
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Identification will be needed when the ashes are collected.

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

Initials	
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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):**

\_\_\_\_\_

<b>Special Instructions</b>
(e.g. splitting ashes, 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 cremation authority to confirm that the application is in order and that the cremation can take place (please tick).

- I confirm that I have received the necessary documentation (as outlined in the checklist on page 2 of this form) to allow the cremation to take place. If any document is still missing, please contact the applicant or their funeral director.
- I confirm that all relevant sections of this form have been completed.
- I confirm that I approve this application for cremation.



Date (DD/MM/YYYY)	<table border="1"><tr><td><table border="1"><tr><td></td><td></td><td></td><td></td></tr></table></td><td><table border="1"><tr><td></td><td></td><td></td><td></td></tr></table></td></tr></table>	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
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Name of crematorium staff member	<table border="1"><tr><td></td></tr></table>										
Signature of crematorium staff member	<table border="1"><tr><td></td></tr></table>										
Position	<table border="1"><tr><td></td></tr></table>										

**Guidance Notes**

**1. Note 1**

- i Adult – where the deceased nominated a person in a death declaration or will, the nominated person may complete the application form. If there is no nominated person, or the nominated person does not wish to make the application, the hierarchy below sets out the nearest relative who is entitled under section 65 of the Burial and Cremation (Scotland) Act 2016 to make arrangements on the death of an adult. Where the nearest relative in the hierarchy is unable or does not want to make the arrangements for any reason, the application can be made by the nearest relative listed below them in the hierarchy.
  - Spouse or civil partner;
  - Partner (living together for at least 6 months);
  - Child;
  - Parent;
  - Brother or sister;
  - Grandparent;
  - Grandchild;
  - Aunt or uncle;
  - Cousin;
  - Niece or nephew; or
  - Friend of long standing.
  
- ii Child – the hierarchy below sets out the nearest relative who is entitled to make arrangements on the death of a child under section 66 of the Burial and Cremation (Scotland) Act 2016. Where the nearest relative in the hierarchy is unable or does not want to make the arrangements for any reason, the application can be made by the nearest relative listed below them in the hierarchy.
  - Parent or person with parental rights and responsibilities (but who is not a local authority);
  - Brother or sister;
  - Grandparent;
  - Aunt or uncle;
  - Cousin;
  - Niece or nephew; or
  - Friend of long standing.

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

- iii Where the deceased died in hospital, the form may also be completed by the hospital managers or a member of staff designated by the hospital, for example, if no family member was available or if they did not wish to make the application.
- iv If the deceased was in a care home, sheltered housing or a long stay unit and there are no family or friends to arrange the cremation, the form may be completed by the manager or a member of staff.

## **2. Note 2**

### **i 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.

### **ii Death abroad**

Healthcare Improvement Scotland (HIS) must check all papers and will authorise the cremation. It would be helpful if you are able to provide any papers translated into English. The papers are: Deaths Abroad Application Form and the Declaration. They are available on HIS website at:

[http://www.healthcareimprovementscotland.org/our\\_work/governance\\_and\\_assurance/death\\_certification/review\\_service\\_information/deaths\\_abroad.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/death_certification/review_service_information/deaths_abroad.aspx)

## **3. Note 3**

### **Hazards**

- i. 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. <http://www.legislation.gov.uk/asp/2008/5/schedule/1>.
- 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. Some crematoriums will split the ashes. You must contact the crematorium before sending the application form to find out if this is possible. 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 the cremation authority is able to carry out your instructions if it is possible. 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 is 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 for you to collect or so that the crematorium 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 a garden of remembrance, although each crematorium will have a different procedure. The cremation authority will be able to tell you which options it offers and 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.

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

lii **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). 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.

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

SCHEDULE 2

Regulation 8(3)(b)

APPLICATION FORM FOR THE CREMATION OF A STILLBORN BABY

Cremation number:
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**Form A2: Application for cremation of a stillborn baby**

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Time of cremation \_\_\_\_\_

Date of cremation \_\_\_\_\_

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

This form must be used to apply for the cremation of a stillborn baby. This is a requirement of the Cremation (Scotland) Regulations 2019, made under section 48 of the Burial and Cremation (Scotland) Act 2016. A stillborn baby is a baby delivered after 24 weeks gestation without showing any signs of life.

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 at the end of this form).

If you are unsure about any of the information that is required, or are not sure what any part of the form means, you should speak to the funeral director who is making the arrangements, staff at the crematorium, or to any other person who is arranging the funeral.

You do not have to use the services of a funeral director to arrange a cremation but where one is being used the funeral director should sign the relevant part of section 4 of this form. If this form has not been completed correctly or is incomplete, the cremation authority will contact the applicant to complete the form before the cremation can take place. 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 A2 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

- Certificate of registration of stillbirth.

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. If you are completing the form on behalf of a health body or organisation please use the business address and contact details. 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 parent of the baby who was stillborn, however, you may wish to seek the support of a parent or guardian if you feel it would be helpful.**

Title

First name

Surname



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

Date when baby was delivered (DD/MM/YYYY)

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Sex of baby (delete as appropriate)  
Male / Female

**Section 2b**

Name of the baby's mother

Name of baby's father/parent

Address of the baby's mother

Post code

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**Section 2c**

If the Procurator Fiscal (PF) has investigated the stillbirth, 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 of this form (please tick boxes below as applicable).

Has the death been investigated by the procurator fiscal?      Yes  No

If yes, has the cremation been approved by the procurator fiscal?      Yes  No

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

**Section 3: Hazards**

**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 the funeral director or crematorium staff.

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

	Yes	No
Does the body of the baby pose a risk to public health: for example did the mother have a notifiable infectious disease or was she contaminated immediately before delivery?		
Is there a cardiac pacemaker or any other potentially explosive device currently present in or on the body of the baby? (see the guidance notes for examples)		



Is there radioactive material or any other hazardous implant currently present in or on the body of the baby?		
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If you answered 'yes' to the questions about a cardiac pacemaker and/or radioactive material, please give details and state whether the device has been removed.

**Section 4: Declaration**

This section requires you to declare that the information you have provided in sections 1 to 3 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 so you may be liable to a fine of up to Level 3 on conviction.**

You must declare that you understand the choice 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 options for what can happen with 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"/>
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**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 anything which may mean the cremation should be delayed 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

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

Company name and address of funeral director

Post code	<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>				

Signature of funeral director’s representative

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Date (DD/MM/YYYY)

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**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 or cremation authority 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).

<input type="checkbox"/> <b>A. I or my representative will collect the ashes from the crematorium.</b>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 60%; text-align: left;">Initials</td> <td style="width: 40%;"></td> </tr> </table>	Initials	
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 \_\_\_\_\_)

<input type="checkbox"/> <b>B. I authorise the funeral director who arranged the cremation to collect the ashes on my behalf.</b>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 60%; text-align: left;">Initials</td> <td style="width: 40%;"></td> </tr> </table>	Initials	
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	
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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 received 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 this form have been completed.
- I confirm that I approve this application for cremation.

Date (DD/MM/YYYY) 

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Name of crematorium staff

Signature of crematorium staff

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

Position

**Guidance Notes:**

**1. Note 1**

- i. A stillborn baby is a baby who was delivered after 24 weeks gestation without showing any signs of life.
- ii. The nearest relative is entitled to make the arrangements. The nearest relative must be 16 years or over unless they are the parent of the baby. The hierarchy below sets out the nearest relative who is entitled to make the arrangements (section 74 of the 2016 Act). Where the nearest relative in the hierarchy is unable to make the arrangements for any reason, the application can be made by the next nearest relative listed below them in the hierarchy:
  - Parent;
  - Brother or sister;
  - Grandparent;
  - Aunt or uncle;
  - Cousin; or
  - Niece or nephew.

The nearest relative may not authorise any other person to make arrangements but may authorise the appropriate health body to make the arrangements. The appropriate health body is either the Health Board or the independent health care service that is providing care to the mother at the time of the stillbirth.

**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**

**Hazards**

- i. 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 <http://www.legislation.gov.uk/asp/2008/5/schedule/1>.
- 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**

##### **Declaration**

- 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 5 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.

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

**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 crematorium will have a different procedure. The cremation authority will be able to tell you which options it offers and 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). 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.

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.

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 cremation authority 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.

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)

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Name of baby/ family name

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(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.



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

Signature of funeral director's representative

Date (DD/MM/YYYY)

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**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	
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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"/>
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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.



SCHEDULE 4

Regulation 8(3)(d)

APPLICATION FORM FOR THE CREMATION OF A PREGNANCY LOSS ON OR BEFORE 24 WEEKS: HEALTH AUTHORITY OR BODY ARRANGED CREMATION

Cremation number:

**Form A4: Application for cremation of pregnancy loss by a health authority or body– shared or individual cremation**

Crematorium/cremation authority

Time of cremation \_\_\_\_\_

Date of cremation \_\_\_\_\_

This form is used to apply for individual cremation of a pregnancy loss OR shared cremation of more than one pregnancy loss, where the loss occurred on or before the end of the 24th week gestation and the loss was for any reason (i.e. termination or miscarriage). This is a requirement of the Cremation (Scotland) Regulations 2019, made under section 48 of the Burial and Cremation (Scotland) Act 2016. This application must be signed by the person authorised to make the application for cremation. Each pregnancy loss must be identified by the hospital or clinic ID number.

The application is made to the cremation authority which is to carry out the cremation. The cremation authority will need to examine the form to make sure that it contains all of the necessary information. Missing information or information that is not accurate may result in the cremation being delayed or refused.

If you are unsure about any of the information that is required, or are not sure what any part of the form means, you should speak to staff at the crematorium where the cremation is to take place.

**Individual cremation**

When a pregnancy loss is to be cremated individually, no other pregnancy loss(es) are to be included on this form.

Are ashes to be returned to the next of kin                      Yes     No

**If yes – provide contact details of who will collect the ashes (individual or funeral director)**

Name

Contact details (phone number / email)

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

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

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: Application for cremation of pregnancy loss by a health authority or body**

The person applying for the cremation is ‘the applicant’ and has the legal right to apply for the cremation, under section 78 of the Burial and Cremation (Scotland) Act 2016.

I \_\_\_\_\_ (*print name of applicant*) on behalf of \_\_\_\_\_ (*organisation*) as the authorised and designated person, declare that I hold paperwork relating to each of the pregnancy losses listed below, signed by the medical practitioner/ registered nurse/ registered midwife, and that the paperwork includes a declaration that each pregnancy ended before or on completion of its 24th week and that each pregnancy loss showed no signs of life.

Container number \_\_\_\_\_

	Pregnancy Loss Unique Identifier		Pregnancy Loss Unique Identifier		Pregnancy Loss Unique Identifier		Pregnancy Loss Unique Identifier
<b>1</b>		<b>13</b>		<b>25</b>		<b>38</b>	
<b>2</b>		<b>14</b>		<b>26</b>		<b>39</b>	
<b>3</b>		<b>15</b>		<b>27</b>		<b>40</b>	
<b>4</b>		<b>16</b>		<b>28</b>		<b>41</b>	
<b>5</b>		<b>17</b>		<b>29</b>		<b>42</b>	
<b>6</b>		<b>18</b>		<b>30</b>		<b>43</b>	
<b>7</b>		<b>19</b>		<b>31</b>		<b>44</b>	
<b>8</b>		<b>20</b>		<b>32</b>		<b>45</b>	
<b>9</b>		<b>21</b>		<b>33</b>		<b>46</b>	
<b>10</b>		<b>22</b>		<b>34</b>		<b>47</b>	
<b>11</b>		<b>23</b>		<b>35</b>		<b>48</b>	

<b>12</b>		<b>24</b>		<b>36</b>		<b>49</b>	
				<b>37</b>		<b>50</b>	

I DECLARE that all the information given in this application is correct, that no information has been omitted and that authorisation for the disposal has been obtained, in accordance with Part 3 of the Burial and Cremation (Scotland) Act 2016.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Organisation

Address

Post code _____	Telephone _____
--------------------	--------------------

**Section 2: Authorisation for cremation (to be completed by the cremation authority)**

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

Cremation number: \_\_\_\_\_

I confirm that all relevant sections of Form A4 have been completed.

I confirm that I approve this application for cremation.

Date (DD/MM/YYYY)

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Name of crematorium staff

Signature of crematorium staff

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

Position

SCHEDULE 5

Regulation 8(3)(e)

APPLICATION FORM FOR THE CREMATION OF AN ADULT OR CHILD: LOCAL AUTHORITY APPLICATION UNDER SECTION 87

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

**Form A5: Application for cremation (by a local authority)**

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

**NAME OF DECEASED** \_\_\_\_\_

This form is used by a local authority to apply for a cremation of an adult or a child where:

- a) a person dies or is found dead within the area of the local authority; and
- b) it appears that no arrangements have been or are being made for the remains to be buried or cremated.

This application form must be completed by a representative of the local authority. This is a requirement of the Cremation (Scotland) Regulations 2019, for cremations made under section 87 of the Burial and Cremation (Scotland) Act 2016.

The application is made to the cremation authority which is to carry out the cremation. The cremation authority will need to examine the form to make sure that it contains all of the necessary information. Missing information or information the cremation authority does not think is accurate may result in the cremation being delayed or refused.

The local authority applying for the cremation is 'the applicant' and has the legal right to apply for the cremation under section 87 of the 2016 Act. If you are unsure about any of the information that is required, or are not sure what any part of the form means, you should speak to staff at the crematorium where the cremation is to take place or to the funeral director who is making the arrangements. 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 A5 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.

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

Required

Form 14 - Certificate of Registration of Death.

Optional

Form E1 (if procurator fiscal has been involved and has released the remains for cremation) (see Note 2 of 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, as the representative of the local authority responsible for the cremation. In completing this form you are the applicant for the cremation.

Position

Title

First names

Surname

Local authority



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

Date of birth of the person who has died (DD/MM/YYYY), if known

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Age \_\_\_\_\_

Address of the person who has died (if known)

Post code

--	--	--	--	--	--	--	--

Date on which the person died (or was found dead) (DD/MM/YYYY)

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Religion of deceased (if known)

Place where death took place (if known)

Name of hospital or practice where the doctor certified the death

**Procurator Fiscal (PF)**

If the PF has investigated the death, 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 death been investigated by the procurator fiscal? Yes  No

If yes, has the cremation been approved 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, certain implants or the presence of particular diseases. Certain hazards may need to be removed from the body before cremation can take place. Implants or devices may damage cremation equipment if not removed before cremation. Some radioactive treatments may endanger the health of the crematorium staff.

**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 the funeral director or crematorium staff.



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

	Yes	No
Does the body pose a risk to public health: for example did the deceased have a notifiable infectious disease or was their body contaminated immediately before death?		
Is there a cardiac pacemaker or any other potentially explosive device currently present in or on the body? (see Note 3 in guidance notes for examples)		
Is there radioactive material or other hazardous implant currently present in or on the body?		

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

**Section 4: Declaration**

This section requires you to declare that the information you have provided in sections 1 to 3 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 so you may be liable to a fine of up to Level 3 on conviction**

**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 accurate.

First names

Surname

Signature of applicant

Date (DD/MM/YYYY)

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

Combined weight of the coffin and deceased

Funeral Director's Signature (if applicable)

Name of funeral director's representative

Company name and 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"/>	
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Signature of funeral director's representative

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"/>
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**Section 5: Disposal of ashes**

This section is used to state what is to happen to the ashes following cremation (please tick only one box below).

a) There are no known relatives/relatives are unable to be contacted and the ashes should be disposed of in line with cremation authority procedure.

I confirm that I have been in contact with the family of the deceased and have confirmed that they want:

b) To collect the ashes from the crematorium (please fill out section 5d)

c) The cremation authority to scatter or inter the ashes

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.

**Section 5d: Details of who will collect the ashes from the crematorium:**

First names

Surname

Telephone number, if known

Email address, if known

Address

Postcode							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The person collecting the ashes has been made aware that identification will be needed when the ashes are collected.

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

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

Cremation number: \_\_\_\_\_

- I confirm that I have received the necessary documentation (as outlined in checklist on page 1 of this form) to allow the cremation to take place (If a document is still missing, please contact the applicant).
- I confirm that all relevant sections of Form A5 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"/>
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**Status:** This is the original version (as it was originally made).

Name of crematorium staff	<input type="text"/>
Signature of crematorium staff	<input type="text"/>
Position	<input type="text"/>

**Guidance Notes**

**1. Note 1**

The applicant completes the form in their capacity as the representative of the local authority.

**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 EI 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**

**Hazards**

- i. 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 period.

**4. Note 4**

- i. The applicant is required to declare that they are the representative of the local authority and 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 (if involved).

**5. Note 5**

- i. The applicant should indicate whether there are any family members who wish the ashes to be returned to them.
- ii. The cremation authority will record what is done with the ashes in the cremation register.
- iii. Sensitive disposal of metals—

Crematoriums may 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). 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.

**6. Note 6**

- i. The cremation authority 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 if they approve the cremation.

## SCHEDULE 6

Regulation 8(3)(f) and (g)

**APPLICATION FORM FOR THE CREMATION OF BODY PARTS  
FOLLOWING POST-MORTEM EXAMINATION OR A WHOLE BODY  
OR BODY PARTS FOLLOWING ANATOMICAL EXAMINATION**

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

**Form A6: Application for cremation of body parts following a hospital arranged post mortem examination or whole body/ body parts donated for anatomical examination**

Crematorium/cremation authority
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This form is used to apply for a cremation of:

- a whole body following an anatomical examination (where the body was donated on or after the commencement of the Anatomy Act 1984 as amended by the Human Tissue (Scotland) Act 2006 (14 February 1988)); or
- body parts which have been retained after an anatomical examination (where the body was donated on or after the commencement of the Anatomy Act 1984 as amended by the Human Tissue (Scotland) Act 2006 (14 February 1988)); or
- body parts which have been retained after a hospital arranged post mortem examination.

This is a requirement of the Cremation (Scotland) Regulations 2019, made under section 48 of the Burial and Cremation (Scotland) Act 2016.

**Anatomical examination**

When a person bequeaths their body for anatomical examination and their remains are to be cremated after the examination, the university's Licensed Teacher of Anatomy will complete Form M(a) when releasing a whole body for disposal. A person authorised by the university is required to complete Form A6 to apply for the cremation.

**Body Parts (anatomical examination or post mortem examination)**

Some body parts may be retained after the body itself has been released for cremation. The Licensed Teacher of Anatomy, doctor or pathologist will complete Form N(b) releasing the body parts for disposal and a person authorised by the university or hospital must complete Form A6 to apply for the cremation.

**Form M or Form N must be submitted along with Form A6 to the cremation authority to cremate the body/ organs/ body parts.**

- 
- (a) Certificate of Authorisation for the disposal of a body following anatomical examination; section 27A of the Registration of Births, Deaths and Marriages (Scotland) Act 1965 (as amended by the Certification of Death (Scotland) Act 2011).
- (b) Certificate of Authorisation for the disposal of body parts following anatomical examination; section 27A of the Registration of Births, Deaths and Marriages (Scotland) Act 1965 (as amended by the Certification of Death (Scotland) Act 2011).

### **Hospital arranged post mortem examination**

When the form authorising a hospital post mortem examination is completed by the next of kin they will complete the section for disposal of any retained organs/ body parts. Form A6 should be used by the hospital to arrange for cremation of the organs/ body parts.

### **The application**

The application is made to the cremation authority which is to carry out the cremation. The cremation authority will need to examine the form to make sure that it contains all of the necessary information. Missing information or information that is not accurate may result in the cremation being delayed or refused.

The person applying for the cremation is 'the applicant' and has the legal right to apply for the cremation.

If you are unsure about any of the information that is required, or are not sure what any part of the form means, you should speak to staff at the crematorium where the cremation is to take place.

### **Forms checklist**

You should ensure that you have attached the necessary document to this application form. The cremation authority will need to have it to allow the cremation to take place.

Required

- Certificate of Registration of Death (**Form 14**)
- Certificate of authorisation for disposal of a body following anatomical examination (**Form M**).

**OR**

- Certificate of authorisation for disposal of body parts following a post mortem examination or anatomical examination (**Form N**).

### **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.

### **Application for cremation – details of the deceased**

Complete the declaration at section 4 and one of the following sections:

- Section 1 – cremation of a **whole body** after **anatomical examination**.
- Section 2 – cremation of **body parts** retained following **anatomical examination**.

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

- Section 3 – cremation of **body parts** retained following a **hospital arranged post-mortem examination**.

**Section 1: Application for cremation of a whole body following anatomical examination**

I confirm that the body described below was donated to

(University Name \_\_\_\_\_) on or after the commencement of the Anatomy Act 1984 as amended by the Human Tissue (Scotland) Act 2006 (14 February 1988).

Details of the deceased \_\_\_\_\_

Title

Sex (please delete as applicable)  
Male / Female

First name(s) (including any middle names)

Surname

Date of birth (DD/MM/YYYY)

Age (at death) \_\_\_\_\_

Address

Postcode

Date on which they died (or were found dead) (DD/MM/YYYY)

Place of death

I, \_\_\_\_\_ (Licensed Teacher of Anatomy/other authorised person\*) confirm on behalf of \_\_\_\_\_ (name of Authority lawfully retaining the body) that there is no reason for any further inquiry or examination concerning the body detailed above and attach Form M confirming that it is now released for disposal and may be cremated.



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

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I confirm that, to the best of my knowledge and belief, no implants or hazards remain in or on the body.

\* The university may authorise a suitable person to complete Form A6 (such as a bequest co-ordinator).

**Section 2: Application for cremation of body parts following anatomical examination**

I, \_\_\_\_\_ (*Licensed Teacher of Anatomy/ authorised person\**) confirm on behalf of \_\_\_\_\_ (*name of Authority lawfully retaining the body parts*) that there is no reason for any further inquiry or examination concerning the body parts listed on Form N. I confirm they are now released for disposal and may be cremated.

I confirm that, to the best of my knowledge and belief, no implants or hazards remain in or on the body part(s).

I confirm that the body part(s) described on Form N was/were retained from body/ bodies which was/were donated to (*University Name* \_\_\_\_\_) under the Anatomy Act 1984 as amended by the Human Tissue (Scotland) Act 2006.

\* The university may authorise a suitable person to complete Form A6 (such as a bequest co-ordinator).

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**Section 3: Application for cremation of body parts following a hospital arranged post mortem examination**

I, \_\_\_\_\_ (*Doctor / Pathologist/ authorised person\**) confirm on behalf of \_\_\_\_\_ (*name of Authority lawfully retaining the body parts*) that there is no reason for any further inquiry or examination concerning the body parts listed on Form N. I confirm they are now released for disposal and may be cremated.

I confirm that, to the best of my knowledge and belief, no implants or hazards remain in or on the body part(s).

I confirm that the body part(s) described on Form N was/were retained from the body of the deceased following a hospital arranged post-mortem examination.

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\* The hospital may authorise a suitable person to complete Form A6.

**Section 4: Declaration**

I declare that I have the legal right to apply for this cremation. To the best of my knowledge and belief, all the information given in this application is correct, no information has been omitted and authorisation for the disposal has been obtained.

Signature of applicant

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Date (DD/MM/YYYY)

<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

Organisation

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

Business address

Business address	
Postcode	
<input type="text"/>	<input type="text"/>

**Section 5: Authorisation for cremation (to be completed by the cremation authority)**

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

Cremation number: \_\_\_\_\_

- I confirm that I have seen the appropriate documentation (as outlined in the checklist on page 2 of this form) to allow the cremation to take place (If a document is still missing, please contact the applicant).
- I confirm that all relevant sections of Form A6 have been completed.
- I confirm that I approve this application for cremation.

Date (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>
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Name of crematorium staff

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Signature of crematorium staff

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Position

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SCHEDULE 7

Regulation 8(3)(h)

APPLICATION FORM FOR THE CREMATION OF BODY  
PARTS FOLLOWING ANATOMICAL EXAMINATION  
WHERE THE DECEASED DIED BEFORE 14 FEBRUARY 1988

Cremation  
number:

**Form A7: Application for cremation of body parts donated in Scotland for anatomical examination or teaching before the commencement of the Anatomy Act 1984 as amended by the Human Tissue (Scotland) Act 2006 (14 February 1988)**

Crematorium/cremation authority

This form is used to apply for cremation of body parts which were donated in Scotland for anatomical examination or teaching before commencement of the Anatomy Act 1984 as amended by the Human Tissue (Scotland) Act 2006 (14 February 1988). This is a requirement of the Cremation (Scotland) Regulations 2019. This application must be signed by the person authorised to make the application for cremation.

The application is made to the cremation authority which is to carry out the cremation. The cremation authority will need to examine the form to make sure that it contains all of the necessary information. Missing information or information that is not accurate may result in the cremation being delayed or refused.

If you are unsure about any of the information that is required, or are not sure what any part of the form means, you should speak to staff at the crematorium where the cremation is to take place.

The ashes will be disposed of by the crematorium using their usual procedure.

**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: Application for cremation of body parts donated in Scotland for anatomical examination or teaching before the commencement of the Anatomy Act 1984 as amended by the Human Tissue (Scotland) Act 2006 (14 February 1988)**

I, *(name of Licensed Teacher of Anatomy/authorised person\*)*

at *(name of Scottish university)* \_\_\_\_\_ request  
that the body part(s) described below is/are cremated.

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

I confirm that the body part(s) described below were donated to or acquired by (insert university name) \_\_\_\_\_ before the commencement of the Anatomy Act 1984 as amended by the Human Tissue (Scotland) Act 2006 (14 February 1988).

Anatomy reference no.	Parts for disposal

\* The university may authorise a suitable person to apply for the cremation and complete Form A7 (such as a bequest co-ordinator).

**Section 2: Declaration**

I declare that I have the legal right to apply for this cremation. To the best of my knowledge and belief, all the information given in this application is correct, no information has been omitted and that authorisation for the disposal has been obtained.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

University

Address

Postcode

**Telephone**

**Section 3: Authorisation for cremation (to be completed by the cremation authority)**

- I confirm that all relevant sections of Form A7 have been completed.
- I confirm that I approve this application for cremation.

Date (DD/MM/YYYY)

Name of crematorium staff

Signature of crematorium staff   
Position

**Remains which cannot be cremated**

Where the body parts are in such a condition that means they are unable to be cremated the cremation authority may refuse to accept them and return them to the applicant for an alternative method of disposal (e.g. burial).

SCHEDULE 8

Regulation 9

DEATH INVESTIGATED BY PROCURATOR FISCAL – FORM E1

FORM E1

SECTION 27A OF THE REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES (SCOTLAND) ACT 1965

AUTHORISATION FOR CREMATION FOLLOWING INVESTIGATION BY THE PROCURATOR FISCAL

I certify that I have made such investigation into the death of—

[insert name], date of birth [insert date of birth] (“the deceased”)

as has satisfied me that the death took place at [address] on[date] at [time] and that the cause of death was [insert cause of death]

and that there are no circumstances which would render necessary any further examination of the remains of the deceased. I permit the cremation of the deceased.

Authorised by (print name)

Signature

Business address

Date of signature





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

SCHEDULE 11

Regulation 15(1)(c)

CREMATION REGISTER – STILLBIRTH AND PREGNANCY LOSS

**FORM B3**  
Register of Cremation of Stillbirth and Pregnancy Loss

name of crematorium]

	(b) Name**	(c) Name and address of the applicant*	Dispersal of ashes information (including if none were recovered)
HS number**			
	56		

information is applied for by a health body/authority.  
to the baby (if one has been given).