

SCHEDULE

Regulation 2

Form X

**Certificate declaring documentation to be in order**

Under section 17(4) of the Certification of Death (Scotland) Act 2011 the medical reviewer hereby certifies that the documentation relating to the late [insert name] is in order

[insert name]

**Medical Reviewer**

**Healthcare Improvement Scotland**

**Status:** This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

## Form Y

### Application under section 18(2) of the Certification of Death (Scotland) Act 2011

#### Section 1: the applicant

Full name of applicant:	
Date of birth of applicant:	
Address of applicant:	
Contact details (Tel No/E-mail):	
Are you the person arranging the funeral?	<b>Yes/No (please delete as applicable)</b>
Do you have charge of the place where the funeral is taking place?	<b>Yes/No (please delete as applicable)</b>
Date:	

#### Section 2: Deceased details

Name of deceased:	
Date of death:	
Date of birth of deceased:	
Country in which death occurred:	
Place of death:	

#### Section 3: Disposal arrangements

Is the deceased to be cremated in Scotland?	<b>Yes/No (please delete as applicable)</b>
Where is the funeral to take place?	
Date of funeral (if known at time of making application)	
Do you wish to apply for post-mortem (if no cause of death)?	<b>Yes/No (please delete as applicable)</b>

#### Section 4: Paperwork enclosed (please tick which applies):

Medical Certificate of Cause of Death (MCCD)/certificate of death in the country in which death occurred (or a copy of the original is not available)	
Certificate of Registration of Death issued in the country in which death occurred (or a copy if the original is not available)	
Passport/other ID of deceased	

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Hospital/health records	
Insurance company paperwork	
Police report	
Form A under the Cremation (Scotland) Regulations 1935	
Other relevant information e.g. certificate declaring that death is not suspicious	

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## Form Z

**Certificate of authorisation issued under section 18 of the Certification of Death (Scotland) Act 2011**

Under section 18 of the Certification of Death (Scotland) Act 2011, the medical reviewer hereby certifies that it is safe to cremate the body:

Cremation of the late [insert name] at [insert crematorium]

**Part A : the deceased**

Name of deceased:	
Date of death:	
Date of birth of deceased:	
Country in which death occurred:	

**Part B: Medical reviewer notes**

**Part C: Hazards**

To the best of my knowledge and belief:

1. Does the body of the deceased pose a risk to public health: for example, did the deceased have a notifiable infectious disease or was their body contaminated immediately before death?	Yes/No
2. Is there a cardiac pacemaker or any other potentially explosive device currently present in the deceased?	Yes/No

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3. Is there radioactive material or other hazardous implant currently present in the deceased?	Yes/No
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[The hazard questions above (no. 1-3) must be completed. The medical reviewer should specifically outline any known hazards or reasons that the body cannot be cremated]

I hereby certify that to the best of my knowledge and belief the information contained on this certificate is correct and complete.

[insert name]

**Medical Reviewer**  
**Healthcare Improvement Scotland**