Changes to legislation: There are currently no known outstanding effects for the The Cremation (Scotland) Regulations 2019. (See end of Document for details)

SCHEDULE 1

Regulation 8(3)(a)

APPLICATION FORM FOR THE CREMATION OF ADULT OR CHILD

Commencement Information II Sch. 1 in force at 4.4.2019, se	ee reg. 1(1)
Cremation number:	
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 Somoneou 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.	
(Scotland) Act 2016 and will be processed in line with Data Protection legislation. The data will be held by the centamion authority that is extrajuje out the centamion. It will be held securely, in of the centamion of the cent	
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 for cremation. If you are completing the form on behalf of a care fa organisation please use the business address and contact details, notes for who can apply.	rm you are the app cility or health bod Please see Note 1 o	licant for the y or of the guidance
Applicants MUST be 16 years of age or older on the date the dec cremation. Applicants may be under the age of 16 if they are the however, you may wish to seek the support of a parent or guardia	eased died to apply parent of the child m if you feel it wou	for who has died, ald be helpful.
Title First nam	e	
Sumame		
Address		
Post code		
Telephone		
L		
Email address		
Relationship to deceased adult		
This question is only to be completed for a child who has died below)	(Please tick the re	elevant box
• I am the parent of the child who has died		
\bullet I am authorised to make the application in respect of the child	who has died	
What is your relationship to the child (if you are not the parent)?		
Section 2: Information about the adult or child who has died		
Details of the adult / child who has died Title Sex (please de	lete as applicable)	
Male/Female	an as approach	
First name(s) (including any middle names)		
Surname		
Name as shown on coffin plate (if applicable)		
Date of birth (DD/MM/YYYY)	Age (at de	eath)
Address		
Post code		
Date on which they died (or were found dead) (DD/MM/YYYY)		
Place of death		
Death abroad		
If the death occurred outside the LIK you will need to produce a	opy of that country	's equivalent
of a certificate of death and the authorisation to remove the body Improvement Scotland (HIS) must check all papers and will auth of the guidance notes for more details.	nom usat country. orise the cremation	. See Note 2
Procurator Fiscal (PF)		
If the PF has investigated the death, the cremation cannot take pl approval. More information about the involvement of the PF is p	ace until the PF has	given
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? 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 example, certain implants or the presence of particular diseases, removed from the body before cremation can take place. Implan cremation equipment if not removed before cremation. Some rac	a hazard during cre Certain hazards ma is or devices may d	mation – for y need to be amage
cremation equipment if not removed before cremation. Some rac endanger the health of crematorium staff. The presence of some hazards may delay or prevent crematic doubt about this, you must discuss it with the funeral director or		
doubt about this, you must discuss it with the funeral director or Are you aware if any of the following apply:	crematorium staff.	
	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?		
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		
device currently present in or on the body? (see the guidance notes for examples)		
Is there radioactive material or any other hazardous implant		

Status: Point in time view as at 04/04/2019.

If you answered 'yes' to the questions about a cardiac pacemaker and/ please give details and state whether the device has been removed.	or radioactive material,
Section 4: Declaration	
This section requires you to declare that the information you have provide best of your knowledge, true, and that you are entitled to apply for offence to knowingly provide false information and if you do so yo up to Level 3 on conviction.	vided in sections 1 to 3 is, to this cremation. It is an u may be liable to a fine of
You must declare that you understand the choice you have made about ashes following the cremation.	t what is to happen to the
Applicant's declaration I declare that I have the legal right to apply for this cremation. To the	best of my knowledge, the
I declare that I have the legal right to apply for this cremation. To the information I have provided is true and accurate. I confirm that the of with the ashes have been explained to me and that I fully understand the	ptions for what can happen ne option that I have chosen.
Signature of applicant	
Date (DD/MM/YYYY)	
Combined weight of the coffin and deceased (complete if no funeral director involved)	
Funeral Director (to be completed by the funeral director if service	
I declare that I have discussed the options with the applicant and know cremation cannot take place. I understand that if I become aware of ar cremation should be delayed between the paperwork being completed place. I must inform the cremation authority and the applicant.	nything that may mean the and the cremation taking
Name of funeral director's representative	
Company name and address of funeral director	
Post code	
Combined weight of the coffin and deceased	
Signature of funeral director's representative	
Date (DD/MM/YYYY)	
Section 5: Disposal of ashes	
This section is used to record what is to happen to the ashes after crem only one option. Please tick the box and then initial beside the opti Options will vary at each crematorium. Please see Note 5 in the guida	ation. You must choose on you have chosen.
Options will vary at each crematorium. Please see Note 5 in the guida information you can discuss with the funeral director or cremation auth for ashes at your chosen crematorium or visit the crematorium's websi	nce notes. For more hority the options available
authorities may offer to split the ashes but you should confirm with the so. If so please add details of how the ashes are to be split to the Speci below.	em first if they are able to do
All necessary steps will be used in order to fully recover ashes, but not recovered, the Inspector of Cremation will investigate the reas	in the event that ashes are
The term "ashes" means the material (other than any metal) to wh reduced by cremation including the coffin and any clothing. Metal	nich human remains are
crematorium to help reduce the impact on the environment. Each cren	natorium will have their way then please indicate by
them - [(please see Note 5 of the guidance notes for further inform [A. I or my representative will collect the ashes from the	ation).
crematorium. I understand that the ashes must be collected from the crematoric cremation.	um within 4 weeks of the
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. I understand that the ashes must be collected from the funeral	Initials
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 I wish to be present when the ashes are buried or scattered (i	
If you would like to be present, please contact the crematorix	
D. I would like the ashes to be scattered/buried in the same ledeceased person.	ocation as a previously
Name of deceased	-
Please state location below (must be in a location agreed with the c	remation authority):
Special Instructions	
Special Instructions	
Special Instructions	
(e.g. splitting ashes, no cremulation, what you want done with any met	tal remaining after
	-
(e.g. splitting ashes, no cremulation, what you want done with any me eremation).	emation authority)
(e.g. splitting ashes, no cremulation, what you want done with any mere cremation). Section 6: Authorisation for cremation (to be completed by the cre This section is used by the cremation authority to confirm that the apple the cremation can the place (please tells). Loroffern that have received the necessary documentation (as, no case 20 of this from the allow the cremation to take the false. If save	emation authority) lication is in order and that outlined in the checklist on
(e.g. splitting asbes, no cremulation, what you want done with any mer cremation). Section 6: Authorisation for cremation (to be completed by the cre This section is used by the cremation authority to confirm that the apple the cremation can take place (please tick).	emation authority) lication is in order and that outlined in the checklist on document is still missing.

Status: Point in time view as at 04/04/2019.

Changes to legislation: There are currently no known outstanding effects for the The Cremation (Scotland) Regulations 2019. (See end of Document for details)

Date (DD/MM/YYYY)	
Name of crematorium staff member	
Signature of crematorium staff member	
Position	

1. Note 1

- Child the hierarchy below sets out the nearest relative who is entitled to make arrangement 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 maddle or does not want to make the whole the control of the hierarchy.

 Parest or express with parental rights and responsibilities (but who is not a local authority).

 Proceeding the second of the control of
- 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 members was waitable our if they did not wish to make the application.

 If the deceased was in a care home, whetered hossing or a long sty unit and there are no family or fixeds to arrange the cremation, the form may be completed by the manager or a member of staff.

2. Note 2

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 rinto English. The papers are Dealts Abroad Application Form and the Decluration. They are available on HIS website at: https://www.healthcarcimprovementscotlands.org/our_work/pyovernance_and_assurance/death_certification/teview_service_information/deaths_abroad.aspx

- Examples include: pacemaker; cardiac implant; drug pump; neuro-stimulator; shunt; battery powered implant; Fiskon sails used in treatment of bone fractures. Please discuss with the funeral discuss or cardiac interactive or cereation anotherity if you are unarbority if you are unarbority of your area under the properties. Notifiable discusses are listed in Schedule 1 of the Public Health etc. (Scotland) Act 2008. http://www.legisland.org/under/arborits/schedule/1.
- Some injections for cancer treatment contain radioactive material which may mean that the cremation has to be delayed for a short period.

- 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.
- The funeral director is required to complete the second part of section 4.

Changes to legislation: There are currently no known outstanding effects for the The Cremation (Scotland) Regulations 2019. (See end of Document for details)

- The cremation authority is required to verify that the information contained in this form is correct before the cremation can proceed.

 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

Commencement Information

Sch. 2 in force at 4.4.2019, see reg. 1(1)

P. 12.1-1-1-1		Cremation number:
Form A2: Application for cremation of a stillborn	Time of cremation	
	Date of cremation	
BABY'S NAME (if given) This form must be used to apply for the cremation of	a stillhosa hahu. Thi	is a manisoment of the
Cremation (Scotland) Regulations 2019, made under (Scotland) Act 2016. A stillborn baby is a baby delive showing any signs of life.	section 48 of the Bur ered after 24 weeks	ial and Cremation restation without
The application is made to the cremation authority yet cremation authority is the organisation responsible for cremation is to take place. The cremation authority we contains all of the necessary information. Missing in may result in the cremation being delayed or refused.		
As the person who is applying for the cremation, you right to apply for the cremation (see guidance notes a	t the end of this form).
If you are unsure about any of the information that is form means, you should speak to the funeral director crematorium, or to any other person who is arranging	who is making the ar	ure what any part of the rangements, staff at the
You do not have to use the services of a funeral direct being used the funeral director should sign the releva has not been completed correctly or is incomplete, the applicant to complete the form before the cremation of at the end of this form.	tor to arrange a crem nt part of section 4 of e cremation authority	this form. If this form will contact the
Change of crematorium		
If it is necessary to change the crematorium for any n	zason a new Form A	should be completed.
Forms checklist You should ensure that you have attached any necess cremation authority will need to have them to allow tappropriate).	ary documents to this he cremation to take	application form. The place (please tick as
Required		
Certificate of registration of stillbirth.		
Optional Form E1 (if Procurator Fiscal has been involve cremation) (see Note 2 of the guidance notes).	ed and has released th	e remains for
Personal details of individuals contained in this fo	rm are not to be use	d for any other
purpose. The information provided on this form is a legal requ	irement under the Bu	rial and Cremation
(Scotland) Act 2016 and will be processed in line wit be held by the cremation authority that is carrying ou confidence and processed solely for the purpose of ca	h Data Protection leg t the cremation. It w	islation. The data will Il be held securely, in
ashes. It will not be shared with any third party. You about you and you can, by contacting the cremation a	have the right to kn athority in writing, r	ow what data is held eccive a copy of that
data. The cremation authority is obliged to include ir will be held, for how long and how you may make a Office.	their privacy notice	how the information
Office.	complaint to the into	
	compania to the mito	
Section 1: Your information ('the applicant') This section is used to record your details. In comple	ting this form you ar	e the applicant for the
This section is used to record your details. In comple cremation. If you are completing the form on behalf the business address and contact details. Please see N	ting this form you ar	e the applicant for the
This section is used to record your details. In complete cremation. If you are completing the form on behalf the business address and contact details. Please see Napply. Annicants MUST be 16 years of age or older to an	ting this form you ar of a health body or o tote 1 of the guidano	e the applicant for the ganisation please use e notes for who can
This section is used to record your details. In comple cremation. If you are completing the form on behalf the business address and contact details. Please see N apply.	tting this form you ar of a health body or o kote 1 of the guidanc oply for a cremation by who was stillbor	e the applicant for the gamisation please use notes for who can . Applicants may be n, however, you may
This section is used to record your details. In completeremation. If you are completing the form on behalf the business address and contact details. Please see happly. Applicants MUST be 16 years of age or older to a under the age of 16 if they are the parent of the business of the things of the parent of the business of the see of 16 if they are the parent of the business.	tting this form you ar of a health body or o kote 1 of the guidanc oply for a cremation by who was stillbor	e the applicant for the gamisation please use notes for who can . Applicants may be n, however, you may
This section is used to record your details. In complete cremation. If you are completing the form on behalf the business address and contact details. Please see P- apply. Applicants NUST be 16 years of age or older to a moder the age of 16 if they are the parent of the bat which to seek the support of a parent or guardian if	tting this form you ar of a health body or o kote 1 of the guidanc oply for a cremation by who was stillbor	e the applicant for the gamisation please use notes for who can . Applicants may be n, however, you may
This section is used to record your details. In complete cremation. If you are completing the form on behalf the business address and contact details. Please see P- apply. Applicants NUST be 16 years of age or older to a moder the age of 16 if they are the parent of the bat which to seek the support of a parent or guardian if	tting this form you ar of a health body or o kote 1 of the guidanc oply for a cremation by who was stillbor	e the applicant for the gamisation please use notes for who can . Applicants may be n, however, you may
This section is used to record your details. In completion of the control of the	tting this form you ar of a health body or o kote 1 of the guidanc oply for a cremation by who was stillbor	e the applicant for the gamisation please use notes for who can . Applicants may be n, however, you may
This section is used to record your details. In completion of the control of the	tting this form you ar of a health body or o kote 1 of the guidanc oply for a cremation by who was stillbor	e the applicant for the gamisation please use notes for who can . Applicants may be n, however, you may
This section is used to record your details. In complete creatain, if you are completing the form on betailf, and count feather. Free section of the country	tting this form you ar of a health body or o kote 1 of the guidanc oply for a cremation by who was stillbor	e the applicant for the gamisation please use notes for who can . Applicants may be n, however, you may
This section is used to record your details. In complete creatain, if you are completing the form on betailf, and count feather. Free section of the country	tting this form you ar of a health body or o kote 1 of the guidanc oply for a cremation by who was stillbor	e the applicant for the gamisation please use notes for who can . Applicants may be n, however, you may
This section is used to record your details. In complete creatain, if you are completing the form on betailf, and count feather. Free section of the country	tting this form you ar of a health body or o kote 1 of the guidanc oply for a cremation by who was stillbor	e the applicant for the gamisation please use notes for who can . Applicants may be n, however, you may
This section is used to record your details. In complete creatain, if you are completing the form on betailf, and count feather. Free section of the country	tting this form you ar of a health body or o kote 1 of the guidanc oply for a cremation by who was stillbor	e the applicant for the gamisation please use notes for who can . Applicants may be n, however, you may
This section is used to record your details. In complete creamion, if you are completing the form on behalf in page 1999. Application of the control creation. Freedow see Yappilos. Application MIST be 16 years of age or other to make the young to make the year of the page 1999. Application MIST be 16 years of age or other or other which to seek the support of a parent or guardian if Title First name.	tting this form you ar of a health body or o kote 1 of the guidanc oply for a cremation by who was stillbor	e the applicant for the gamisation please use notes for who can . Applicants may be n, however, you may
This extinct is used to record one death. In consequent procession, If you are completing the time is no expenditured the record of the process of the proce	tting this form you ar of a health body or o kote 1 of the guidanc oply for a cremation by who was stillbor	e the applicant for the gamisation please use notes for who can . Applicants may be n, however, you may
This section is used to record your details. In complete creamion, if you are completing the form on behalf in page 1999. Application of the control creation. Freedow see Yappilos. Application MIST be 16 years of age or other to make the young to make the year of the page 1999. Application MIST be 16 years of age or other or other which to seek the support of a parent or guardian if Title First name.	tting this form you ar of a health body or o kote 1 of the guidanc oply for a cremation by who was stillbor	e the applicant for the gamisation please use notes for who can . Applicants may be n, however, you may
This extinct is used to record one death. In consequent procession, If you are completing the time is no expenditured the record of the process of the proce	tting this form you ar of a health body or o kote 1 of the guidanc oply for a cremation by who was stillbor	e the applicant for the principal place use to consider who can consider the can consider the can can consider the can can consider the can
This section is used to record your details. In complete creatation, If you are completing the form on behalf in your payers, and in count clearly. Frees were payers, and the count clearly frees were payers, and the payers of the payer of payer of the payers of the payers of the payers of a parcent or guardian if the payers of the payers of a parcent or guardian if the payers of the payers o	tting this form you ar of a health body or o kote 1 of the guidanc oply for a cremation by who was stillbor	e the applicant for the principal place use to consider who can consider the can consider the can can consider the can can consider the can
This extinct in used to record our death. In consider the remains (I. Fusa are completing the store completing the	tting this form you ar of a health body or o kote 1 of the guidanc oply for a cremation by who was stillbor	e the applicant for the principal place use to consider who can consider the can consider the can can consider the can can consider the can
This section is used to record your details. In complete creatation, If you are completing the form on behalf in your payers, and in count clearly. Frees were payers, and the count clearly frees were payers, and the payers of the payer of payer of the payers of the payers of the payers of a parcent or guardian if the payers of the payers of a parcent or guardian if the payers of the payers o	tting this form you ar of a health body or o kote 1 of the guidanc oply for a cremation by who was stillbor	e the applicant for the principal place use to consider who can consider the can consider the can can consider the can can consider the can
This section is used to record your details. In composition or present the present control of the present control	ting this form you are fair he had been a seen as a seen	e the applicant for the principal place use to consider who can consider the can consider the can can consider the can can consider the can
This section is used to record your details. In complete constants. If you are completing the form we behalf uppersonable to the control of the form we behalf uppersonable to the control of the form of the property of the form of the property of the form of	ting this form you are a health body or or of a health body or or or of a health body or	e the applicant for the grantstation place use nones for who can more for who can be a considered to the control of the contro
This section is used to record your details. In complete creation, I you are completing the form on behalf control to the page 1999. Applicant of the control could be the section of the page 1999. Applicant MIST he 16 years of age or other to a wind the page 1999. Title First name First name Address Post code Telephone Email address Section 2: Application for the cremation of a stillb	ting this form you are a health body or or of a health body or or or of a health body or	the applicant for the partial top place use to consider who can be a considered to the construction of the
This section is used to record your details. In complete contains, If you are completing the form so behalf uppersonance of the control to the first personance of the control to the first personance of the pers	ting this form you are a health body or or of a health body or or or of a health body or	the applicant for the grantstation place use to concern for the concern for th
The section is used to record you details. In competent procession, If you are competing the terms the position of the positio	ting this form you are a facility to be you will be yo	the applicant for the grantstation place use to concern for the concern for th
The section is used to record you details. In competent procession, If you are competing the terms the position of the positio	ting this form you are a facility to be you will be yo	the applicant for the grantstation place use to concern for the concern for th
The section is used to record you death. In comparing the remainine IP year to completing the first manner the basiness address and contact details. Flease see Papis. Applicant MIST be 16 years of fifthey are the parent of the he wish to seek the support of a parent of the parent	ting this form you are a facility to be you will be a common to the property of the property o	the applicant for the grantstation place use to concern for the concern for th
The section is used to record you details. In competent procession, If you are competing the terms the position of the positio	ting this form you are a facility to be you will be a common to the property of the property o	the applicant for the grantstation place use to concern for the concern for th
The section is used to record you death. In comparing the remainine IP year to completing the first manner the basiness address and contact details. Flease see Papis. Applicant MIST be 16 years of fifthey are the parent of the he wish to seek the support of a parent of the parent	ting this form you are a facility to be you will be a common to the property of the property o	the applicant for the gamistation please use notes for who can . Applicants may be a h. however, you may helpful.

Status: Point in time view as at 04/04/2019.

Date when baby was delivered (DD/MM/YYYY) Sex of baby (delete as appropriate) Male / Female
Section 2b
Name of the baby's mother Name of baby's father/parent
Name of the baby's monter Name of baby's famer/parent
Address of the baby's mother
P t
Post code
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
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?
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.
up to Lever 5 on convection. 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
The state of the s
Date (DD/MM/YYYY)
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 applican.
r, veriamon numority and me apprecia

Company name and address of funeral director	
Post code	
Posicode	
Signature of funeral director's representative	
Date (DD/MM/YYYY)	
Section 5: Disposal of ashes This section is used to record what is to happen to the ashes after cren	nation. You must choose
only one option. Please tick the box and then initial beside the opt	ion you have chosen.
with the funeral director or cremation authority the options available f crematorium or visit the crematorium's website. All necessary steps	or ashes at your chosen
fully recover ashes, but in the event that ashes are not recovered, will investigate the reasons.	the Inspector of Cremation
The term "ashes" means the material (other than any metal) to wi reduced by cremation including the coffin and any clothing. Meta	
crematorium to help reduce the impact on the environment. Each cre-	natorium will have their own
practices. Should you wish to dispose of the metals in any other way ticking the box and metals will be returned to you within the cremated	then please indicate by I remains or separately from
them - (please see Note 5 of the guidance notes for further informa	tion).
 A. I or my representative will collect the ashes from the crematorium. 	Initials
I understand that the ashes must be collected from the crematori	um 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 di	
them being made available.	rector within 4 weeks of
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 you would like to be present, please contact the crematori	um to arrange a date
D. I would like the ashes to be scattered/buried in the same deceased person	ocation as a previously
Name of deceased	
Date of death	
Please state location below (must be in a location agreed with the	cremation authority):
Constal Independence	
Special Instructions	
(e.g. no cremulation; what you want done with any metal remaining a	fter cremation)
Section 6: Authorisation for cremation (to be completed by the cre- This section is used by the crematorium to confirm that the application	
cremation can take place.	
I confirm that I have received the appropriate documentation (on page 1 of this form) to allow the cremation to take place (If please contact the applicant or their funeral director).	as outlined in the checklist a document is still missing,
I confirm that all relevant sections of this form have been com I confirm that I approve this application for cremation.	preceu.
Date (DD/MM/YYYY)	
Name of crematorium staff	
Name or crematorium stall	
Signature of crematorium staff	

Changes to legislation: There are currently no known outstanding effects for the The Cremation (Scotland) Regulations 2019. (See end of Document for details)

Position	

- one I. A stillom baby is a baby who was delivered after 24 weeks gestation without showing any signs of life.

 A stillom baby is a baby who was delivered after 24 weeks gestation without showing any signs of life.

 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 24 of the 2016 Act). Where the occurrent calaries in the hierarchy is unable to make the arrangements for any reason, the application can be under 5 when the hierarchy:

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 Whith the Crown Office and Procurator Fiscal Service (COPPS), the Scottish Faulties and Procurator Fiscal Service (COPPS), the Scottish Faulties Investigation Unit (SFU) is a specialist unit responsible for investigating these deathers are supported by the service of the service of

3. Note 3

- 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.au/aisp/2008/5schedule/1.
 ii Some injections for cancer treatment contain radioactive material which may mean that the cremition has to be delayed for a short period.

- 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.
- The funeral director is required to complete the second part of section 4.

- 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 hem. If you do not collect the ashes from the crematorium within 4 weeks of the cremation taking place, the cremation anthority will try to connect you to find on 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. On may also instruct the cremation authority but your scatter the ashes off they offer this service.) If you do not respond or do not tell the cremation authority may relater to when the ashes covering to their standard precedure. If the cremation authority may scatter or why the ashes according to their standard precedure. If the cremation authority scatters or buries the ashes this will be recorded in the cremation register.

If you do not collect the asbes 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 asbes. At they point, you may inform the funeral director that you still intend to collect the ashes and must agree a new collection data.

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

can couce them neere or so that the creminor automorp may scatter of only mem. If you do not respond or do not inform the funeral director what your instructions are, the funeral director what your instructions are, the funeral director what you miss makes the funeral director what you is made to contact you to find out what you want done with the askes. At this time you may inform them that you still intend to collect the askes and must agree a new collection date. You may also instruct the cremation authority to bury or scatter the askes (if they offer this service). If you do not collect the askes, 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).

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.

Sensitive disposal of metals—

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

- 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.

Changes to legislation: There are currently no known outstanding effects for the The Cremation (Scotland) Regulations 2019. (See end of Document for details)

SCHEDULE 3

Regulation 8(3)(c)

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

I3 Sch. 3 in fo	orce at 4.4.2019, s
Form A3: Application for cremation following a pro-	Cremation number:
Crematorium/cremation authority	Time of cremation
Common delicity	Date of cremation
BABY'S NAME (if given)	
This form must be used to apply for the cremation of before the end of the 24th week of gestation and of the Cremation (Scotland) Regulations 2019, mad (Scotland) Act 2016. This application form should experienced the pregnancy loss, unless the woman on her behalf or if she is unable to due to exception	showed no signs of life. This is a requirement is under section 48 of the Burial and Cremation be completed by the woman who has authorises another person to complete the form
The application is made to the cremation authority cremation authority is the organisation responsible cremation is to take place. The cremation authority contains all of the necessary information. Missing i may result in the cremation being delayed or refuse	will need to check the form to make sure it information or information that is not accurate
As the person who is applying for the cremation, ye right to apply for the cremation (see guidance notes information that is required, or are not sure what ce to the funeral director who is making the arrangeme cremation is to take place, or to any other person when the contract of the contract of the contract of the contract of the cremation is to take place, or to any other person when the contract of the cremation is to take place, or to any other person when the cremation is to take place, or to any other person when the cremation is to take place, or to any other person when the cremation is to take place, or to any other person when the cremation is to apply the cremation in the cremation is to apply the cremation is the cremation in the cremation in the cremation is the cremation in the crematical interest in the cremation is the cremation in the cremation in the cremation is the cremation in the cremation in the cremation is the cremation in the crematical interest in the cremation i	 If you are unsure about any of the rtain parts of the form mean, you should speak ents, staff at the crematorium where the
It is not a requirement to use the services of a funer- funeral director should sign the relevant part of sect of this form.	al director but where one is being used the ion 4. Guidance notes are provided at the end
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 necee cremation authority will need to have them to allow appropriate).	ssary documents to this application form. The the cremation to take place (please tick as
Required	
☐ Medical certificate of pregnancy loss OR	
Health Authority/medical practitioner confirms	ation that the pregnancy has ended.
Optional	and the pregnate, the content
Form E1 (if Procurator Fiscal has been involve (see Note 2 of the guidance notes).	d and has released the remains for cremation)
Personal details of individuals contained in this t purpose.	form are not to be used for any other
The information provided on this form is a legal rec (Scodland) Act 2016 and will be processed in line we be held by the creaming authority that is carrying confidence and processed solely for the purpose of subsets. It will no be shared with any hidr party. Yo about you and you can, by contacting the cremation data. The cremation authority is obliged to include! be held, for how long and how you may make a cor Office.	rith Data Protection legislation. The data will not the cremation. It will be held securely, in carrying out the cremation and the handling of u have the right to know what data is held authority in writing, receive a copy of that in their privacy notice how the information will
Section 1: Your information ('the applicant')	
This section is used to record your details. In comp cremation. Please see Note 1 of the guidance notes	leting this form you are the applicant for the for who can apply.
Applicants MUST be 16 years of age or older to under the age of 16 if they are the woman who es to seek the support of a parent or guardian if you	apply for a cremation. Applicants may be
Title	
First name	
Sumame	

Commencement Information

Status: Point in time view as at 04/04/2019.

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 releva	int box below).
I am the woman who has experienced the loss [] (please comp	olete sections 2	and 2c)
I have been authorised by the woman who experienced the loss to make the application	olete sections 2	2a, 2b and 2c)
Section 2a Date on which pregnancy loss occurred (DD/MM/YYYY)		
Date on which pregnancy loss occurred (DD/MM/11111)		
Name of baby/ family name		
(The mi medical prof certificate to	confirm that a	red nurse or ssued a letter or a pregnancy loss
has taken pla Section 2b	ace).	
Please state your relationship to the woman who experienced the los	is	
Name of woman who experienced the loss		
Address of woman who experienced the loss		
Post code		
Post code		
Section 2c		
If the Procurator Fiscal (PF) has investigated the pregnancy loss, the until the PF has given approval. More information about the involve	cremation can	nnot take place
until the PF has given approval. More information about the involve is provided at Note 2 in the guidance notes (please tick boxes below	ement of the pr as applicable)	rocurator fiscal
Has the pregnancy loss been investigated by the procurator fiscal?	Yes	s 🗌 No 🔲
Form E1 has been provided by the procurator fiscal	Yes	s 🔲 No 🔲
Section 3: Hazards This section is used to record details of anything which might be a h example, the presence of particular diseases. The presence of some prevent cremation taking place. If you are in any doubt about this funeral director or crematorium staff.	uzard during c hazards may s, you must dis	remation – for delay or cuss it with a
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?		
Is there a cardiac pacemaker or any other potentially explosive device currently present? (see the guidance notes for examples)		
Is there radioactive material or other hazardous implant currently present?		
If you answered 'yes' to the questions about a cardiac pacemaker an please give details and state whether the device was removed.	d/or radioactiv	ve material,

This section requires you to declare that the information you have provided is, to the best knowledge, true, and that you are entitled to apply for this cremation. It is an offence to knowingly provide false information and if you do you may be liable to a fine of up to 3 on conviction.	of your
You must declare that you understand the choices you have made about what is to happer ashes following the cremation.	to the
Applicant's declaration	
I declare that I have the legal right to apply for this cremation. To the best of my knowles information I have provided is true and accurate. I confirm that the various options for w happen to the ashes have been explained to me and that I understand the option that I have	dge, the hat is to e chosen.
Signature of applicant	
Date (DD/MM/YYYY)	
Funeral Director (to be completed by the funeral director) (if services are used) I declare that I have discussed the options with the applicant and know no reason why the cremation cannot take place. I understand that if I become aware of any issues as to why cremation might not take place between the paperwork being completed and the cremation	the
place, I must inform the cremation authority and the applicant.	n taking
Name of funeral director's representative	
Company name of funeral director	
Address of funeral director	
Negature of funeral director's representative	
signature of funeral director's representative	
Date (DD/MM/YYYY)	
Section 5: Disposal of ashes	
Section 5: Disposal of ashes This section is used to record what is to happen to the ashes after cremation. Vor an choose only one epithen, Please tick the box and then initial beside the option you ha choosen. Options will vary at each crematorium. Please see Note 5 of the guidance notes discuss with the funeral director the options vanishable for ashes a your choosen centurious sists the crematorium's website. All necessary steps will be used in order to fully rece ables, but in the event that ashes are not recovered, the Impector of Cremation will unrestigate the reasons. The term "sakes" means the material (other than any metal) to which human remained reduced by cremation including the coffin and any cholding. Metals may be recycled over practices. Should you with to dispose of the metals in any other way there places in its kind give box and metals will be returned to you within the cremated remains or separate including the contraction of the practice of the contraction of the practice of the contraction of the practice of the practice of the contraction of the practice of	Please im or over ans are by the their licate by
This section is used to record what is to happen to the ashes after cremation. You methouse only one option. Please tick the box and then initial beside the option you has been considered by the property of	Please im or over ans are by the their licate by
This section is used to record what is to happen to the ashes after cremation. You melosose with one option. Press tick the how and then initial beside the option you have the control of	ne . Please am or over
This section is used to record what is to happen to the ashes after cremation. You melosose will one option. Preset tick the box and then initial heside the option you have been considered to the control of the contr	ne . Please am or over
This section is used to record what is to happen to the ashes after cremation. You melosous only one option. Preset tick the box and then initial heside the option you have been considered to the control of the contr	ns are by the their ficate by ely from
This section is used to record what is to happen to the ashes after cremation. You melosose with one option. Preset tick the box and then initial heside the option you have been considered to the control of the contr	ns are by the their ficate by ely from
This section is used to record what is to happen to the ashes after cremation. You melouse only one option. Preser tisk the box and then initial healet the option you have been assessed to the control of the present the control of the control of the present the control of the presentative with the crematorium of the presentative within 4 weeks certains to collect the absent on my behalf. Indicate the presentative	ns are by the their ficate by ely from
This section is used to record what is to happen to the ashes after cremation. You melosous only one option. Press tick the how and then initial heside the option you have the control of	Please mm or Please mm or over ms are by the their their of the o
This section is used to record what is to happen to the ashes after cremation. You melonous only one option. Preser tick the box and then initial leading the option you have been also also the present the presentative will collect the ashes from the crematorium. It understand that the ashes must be collected from the crematorium within 4 weeks cremation. Resultation will be needed when the ashes are collected. (Name of representative presentative will be presented the presentative than the presentative the presentative that the presentative the presentative that the p	Please mn or veer mn or veer mn or veer ms are by the their filicate by the of the of the filicate by from of the

Status: Point in time view as at 04/04/2019.

Name of deceased
Date of death
Please state location below (must be in a location agreed with the cremation authority)
Special Instructions (c.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)
Name of crematorium staff
Signature of crematorium staff
Signate of Certanorium stati
Position
Guidance Notes:
1. Note 1
 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).
There is normally a lower age limit of 16 years old to be eligible to apply for a cremation, the woman who experienced the loss is the applicant and under 16 years this limit does no 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

- Hazards
 Examples include: pacemaker; cardiac implant; drug pump; neuro-stimulator; shant; battery
 powered implant. Fixtor nails need in reaiment of bose fractures. Please diseases with the
 fineared diseases are makedy if you are makedy if you are makedy if you are makedy
 for the property of the property of the Public Health etc. (Scotland) Act 2008.

- 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.
- The funeral director is required to complete the second part of section 4.

Changes to legislation: There are currently no known outstanding effects for the The Cremation (Scotland) Regulations 2019. (See end of Document for details)

ii Fouther information about the entires at certion 2 are detailed berea

A. I or my representative will collect the ashes from the crematorium. The person collecting the absen must brig identification with them. If you do not collect the absen from the cremation taking identification with them. If you do not collect the absen from the cremation taking the absence and the absence and anotherity will ray to count you to find out with you ward those with the absence. At this time collection date. You may also instruct the cremation authority to bury or scatter the absence they offer this scribe. If you do not regoon of on do not tell the cremation authority your instructions are, the cremation authority may scatter or bury the absence according to their standard procedures. If the cremation authority scatter or burise the absence this will be their standard procedures. If the cremation authority scatter or burise the absence this will be

B. I authorise the funeral director who arranged the funeral to collect the ashes on m

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 yo

can collect them there or so that the ecremation authority may scatter or busy them. If you do not respond or do not inform the funneal director what your instructions are, the funneal director may return the sabes to the cremationium. The cremation authority will up it contacts you to find ow what you want done with the ables. At this time you may inform them that you still intend to collect the ables and must agree a new collection date. You may also instruct the cremation authority be sury or seater the ables (if they offer this service). If you do not collect the ables, 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 offered).

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 have a different procedure. The cremation authority will record what is done with the able to tell you which options is offers. The cremation authority will record what is done with the ables 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 ensitively recycled. Metals are much up of items used in the construction of the coffin (e.g. pits and suples) and some surgical implants (e.g. pits onits, pits and plates). Some crematorium smay buy the metals within the crematorium smouth. Any proceeds received following recycling are distributed to charity. The crematorium will need your permission to recycle and should clearly state their plays in terms of any nearl recovered following to recycle and should clearly state their plays in terms of any nearl recovered following. The crematorium process will render the najestry of postelley unrecognistable and skelarly should be remyored 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 thi 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

6. Note

- 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

Commencement Information 14 Sch. 4 in force at 4.4.2019, see reg. 1(1)

		Cremation number:
Form A4: Application for shared or individual crem	cremation of prattion	egnancy loss by a health authority or body-
Crematorium/cremation aut	hority	Time of cremation
		Date of cremation
more than one pregnancy lo gestation and the loss was f of the Cremation (Scotland (Scotland) Act 2016. This:	ss, where the lose or any reason (i.e Regulations 201 application must l	mation of a pregnancy loss OR shared cremation of s occurred on or before the end of the 24th week t. termination or miscarriage). This is a requirement 9, made under section 48 of the Burial and Crematio be signed by the person authorised to make the oss must be identified by the hospital or clinic ID
cremation authority will nee	ed to examine the sing information	hority which is to carry out the cremation. The form to make sure that it contains all of the or information that is not accurate may result in the
If you are unsure about any form means, you should spo	of the informational to staff at the	on that is required, or are not sure what any part of the crematorium where the cremation is to take place.
included on this form.		ividually, no other pregnancy loss(es) are to be
Are ashes to be returned to		Yes No Collect the ashes (individual or funeral director)
	tails of who will	collect the ashes (individual or funeral director)
Name		
Contact details (phone number / email)		
Personal details of individ	uals contained i	n this form are not to be used for any other

15

Sch. 5 in force at 4.4.2019, see reg. 1(1)

Status: Point in time view as at 04/04/2019.

(Scotl be hel confid ashes.	and) Act 2016 and d by the crematic lence and process It will not be sha	I will I n authord sole red sole red wit	se processed in lin ority that is carryin ly for the purpose h any third party.	e with I ig out the of carry You ha	ment under the Bo Data Protection les e cremation. It wi ying out the crema we the right to kno hority in writing, a	gislation ill be he ition and www.what	n. The data will eld securely, in d the handling of		
data. T be hel Office	d, for how long a	hority id how	is obliged to inclu you may make a	de in th compla	eir privacy notice int to the Informat	how the	e information will mmissioner's		
					ss by a health au				
The po	erson applying fo tion, under section	the cr	emation is 'the ap 'the Burial and Cr	emation	and has the legal (Scotland) Act 2	016.			
paper	, signed by the m work includes a d	edical eclarat	t I hold paperwork practitioner/ regist on that each pregi loss showed no si	relatin ered nu nancy e	(print name of ap, 'ganisation') as the g to each of the printed registered minuted nded before or on ife.	egnanc	y losses listed		
Conta	iner number				I p		Pregnancy Loss		
1	Pregnancy Loss Unique Identifier	13	Pregnancy Loss Unique Identifier	25	Pregnancy Loss Unique Identifier	38	Unique Identifier		
2		14		26		39			
3		15		27		40			
4		16		28		41			
5		17		29		42			
7		19		31		44			
8		20		32		45			
9		21		33		46			
10		22		34		48			
12		24		36		49			
		_		37		50			
been o	omitted and that a	athoris	nation given in the ation for the dispo- scotland) Act 2016	sal has	cation is correct, the been obtained, in	nat no in accorda	nformation has nnce with Part 3		
	ture of Applicant				Date				
Organ	iisation								
Addre	ess								
Post c	ode			Telep	phone				
Section	on 2: Authorisati	on for	cremation (to be	comple	eted by the crema	ition au	thority)		
This s	ection is used by emation can take	the cre place.	mation authority t	o confir	m that the applica	tion is i	in order and that		
Crems	ation number:								
					e been completed.				
			nis application for	cremat	ion.	7			
Date (DD/MM/YYYY								
Name	of crematorium :	taff							
Signat	ture of crematoriu	m staf	,						
Position	n								
								SCHEDULE 5	Regulation 8(3)(e
				_					
								M FOR THE CREMATION OF A HORITY APPLICATION UNDE	
C	omm	'n	cemer	ıt 1	[nforn	ทภ	tion		

Form A5: Application for cremation (by a local at	Cremation number:
Crematorium/cremation authority	Time of cremation
Crematorium cremation authority	Date of cremation
NAME OF DECEASED	
This form is used by a local authority to apply for a c	remation of an adult or a child where:
a) a person dies or is found dead within the area of it appears that no arrangements have been or a	of the local authority; and
cremated. This application form must be completed by a representation.	entative of the local authority. This is a
requirement of the Cremation (Scotland) Regulations of the Burial and Cremation (Scotland) Act 2016.	2019, for cremations made under section 87
The application is made to the cremation authority we coreation authority will need to examine the form to necessary information. Missing information or infort is accurate may result in the cremation being delayed The local authority applying for the cremation is the the cremation under section 87 of the 2016 Act. If ye that is required, or are not sure what any part of the for cremation in where the cremation is to take place or to	make sure that it contains all of the mation the cremation authority does not think or refused.
crematorium where the cremation is to take place or t arrangements. Guidance notes are provided at the en	the funeral director who is making the d of this form.
Change of crematorium	
If it is necessary to change the crematorium for any re	eason a new Form A5 should be completed.
Forms checklist You should ensure that you have attached any necess cremation authority will need to have them to allow t	ary documents to this application form. The he cremation to take place.
Required Form 14 - Certificate of Registration of Death	x .
Optional Form E1 (if procurator fiscal has been involve cremation) (see Note 2 of guidance notes).	ed and has released the remains for
Personal details of individuals contained in this fo purpose.	rm are not to be used for any other
purpose. The information provided on this form is a legal required (Scotland) Act 2016 and will be processed in line wit be held by the cremation authority that is carrying out confidence and processed solely for the purpose of cr assbes. It will not be shared with any brid party, You about you and you can, by contacting the cremation a data. The cremation authority is obliged to include in be held, for how long and how you may make a comp Office.	th Data Protection legislation. The data will te the cremation. It will be held securely, in urrying out the cremation and the handling of have the right to know what data is held authority in writing, receive a copy of that
Office. Section 1: Your information ('the applicant')	
This section is used to record your details, as the repr	resentative of the local authority responsible
for the cremation. In completing this form you are the	e applicant for the cremation.
Position	
Title	
F .	
First names	
Surname	
Local authority	
Business address	
Post code	
Duckeys taleshare	
Business telephone	
Email address	
Crematorium at which the cremation will take place	
Section 2: Application for cremation	
This section is used to record the details of the persor	1 who has died.
I(the app	plicant) on behalf of
(local authority found dead within the above local authority area (or or receiving assistance from the local authority which is	 declare that the person has died or has beer fied in another local authority area but was making the application) and it appears that
no arrangements have been or are being made for the Details of the person who has died	remains to be buried or cremated.
First names	
Sumame	

Status: Point in time view as at 04/04/2019.

Date of birth of the person who has died (DD/MM/YYYY), if	known	
		Age
Address of the person who has died (if known)		
Power for		
Post code		
Date on which the person died (or was found dead)		
(DD/MM/YYYY)	on of deceas	ed (if known)
	on or access	CO (II KIROWII)
Place where death took place (if known)		
Name of hospital or practice where the doctor certified the deal	h	
Procurator Fiscal (PF)		
If the PF has investigated the death, the cremation cannot take approval. More information about the involvement of the pro-	place until th curator fiscal	e PF has given 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 fisca		□ 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	e a hazard d	uring cremation - for
example, certain implants or the presence of particular diseases removed from the body before cremation can take place. Imple cremation equipment if not removed before cremation. Some r	nts or devic	zards may need to be es may damage
endanger the health of the crematorium staff.	autoactive ti	eatments may
The presence of some hazards may delay or prevent cremat doubt about this, you must discuss it with the funeral director of	tion taking p	blace. If you are in any m staff.
Are you aware if any of the following apply:		
Does the body pose a risk to public health: for example did	Yes	No
the deceased have a notifiable infectious disease or was their	Yes	No
the deceased have a notifiable infectious disease or was their body contaminated immediately before death?	Yes	No
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	Yes	No
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)	Yes	No
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	Yes	No
the deceased have a notifies infectious disease or was their body contaminated immediately before dis- holy contaminated immediately before the object of the here 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?		
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 example.) Is there radioactive material or other hazardous implant	er and/or rac	
the deceased have a notifiable infections disease or was their body contamination immediately before disease. The same and have a cardiac passember or any other potentially exposed as a cardiac passember or any other potentially exposed as a cardiac passember or any other potentially exposed as a cardiac passember or cample). See 3 in guidance notes for example). It shere radiocative material or other hazardous implant currently present in or on the body? If you answered 'yes' to the questions about a cardiac passemb	er and/or rac	
the deceased have a notifiable infections disease or was their body contamination immediately before disease. The same and have a cardiac passember or any other potentially exposed as a cardiac passember or any other potentially exposed as a cardiac passember or any other potentially exposed as a cardiac passember or cample). See 3 in guidance notes for example). It shere radiocative material or other hazardous implant currently present in or on the body? If you answered 'yes' to the questions about a cardiac passemb	er and/or rac	
the deceased have a notifiable infections disease or was their body contamination immediately before disease. The same and have a cardiac passember or any other potentially exposed as a cardiac passember or any other potentially exposed as a cardiac passember or any other potentially exposed as a cardiac passember or cample). See 3 in guidance notes for example). It shere radiocative material or other hazardous implant currently present in or on the body? If you answered 'yes' to the questions about a cardiac passemb	er and/or rac	
the deceased have a notifiable infections disease or was their body contamination immediately before disease. The same and have a cardiac passember or any other potentially exposed as a cardiac passember or any other potentially exposed as a cardiac passember or any other potentially exposed as a cardiac passember or cample). See 3 in guidance notes for example). It shere radiocative material or other hazardous implant currently present in or on the body? If you answered 'yes' to the questions about a cardiac passemb	er and/or rac	
the deceased have a notifies infectious disease or was their body contaminated himmediately before death? In their a cardiac pacemaker or any other potentially explosive device currently present in or on the body? (see Note 3 in galaxies once) for examples). In their notification of the control of the hazardous implant currently present in or on the body? If you asswered 'yes' to the questions about a cardiac pacemakplesse give details and state whether the device has been remonstrated to the control of the device of the devi	cer and/or raced.	lioactive material.
the deceased have a notifies infectious disease or was their body contaminated immediately before the hot proteins and the proteins extractly contaminated in the body? (see Note 3 in guidance notes for examples) Is there andiocative material or other hazardous implant currently present in or on the body? If you answered 'yes' to the questions about a cardiac pacental please give details and state whether the device has been remonstrated.	cer and/or raced.	lioactive material.
the deceased have a notifies infections disease or was their body contaminated inmediately before disease. In deep a cardiac pacemater or any other potentially services as cardiac pacemater or any other potentially services as a cardiac pacemater or any other potentially of the control of the body? (see Note 3 in guidance notes for examples) In the cardiocative material or other hazardous implant currently present on on the body? If you answered 'yes' to the questions about a cardiac pacemas, please give details and state whether the device has been removed the control of the control of the control of the body. Section 4: Declaration This section regimes you to declare that the information you have been presented by the control of the contro	cer and/or raced.	lioactive material.
the deceased have a notifies infectious disease or was their body contaminated immediately before dis- body contaminated immediately before dis- to the control of the cont	are and/or raced.	in sections 1 to 3 is, to remains. It is an
the decreased have a notificial infections disease or was their body contaminated immediately before the object contaminated intended by the object of the o	are and/or raced.	in sections 1 to 3 is, to remains. It is an
the deceased have a notifies infectious disease or was their body contaminated immediately before dis- body contaminated immediately before dis- to the control of the cont	are and/or raced.	in sections 1 to 3 is, to remains. It is an
the deceased have a notifies infections disease or was their body contaminated inmediately before the object of the properties. In these a cardiac pacemaker or any other potentially stated as a cardiac pacemaker or any other potentially. In these a cardiac pacemaker or any other potentially of the cardiac pacemaker or any other potentially. The cardiac pacemaker of the properties of the cardiac pacemaker of the properties of the propertie	are and/or raced.	in sections 1 to 3 is, to remains. It is an
the decreased have a notificial infections disease or was their body contaminated immediately before the object contaminated intended by the object of the o	are and/or raced.	in sections 1 to 3 is, to remains. It is an
the deceased have a notifies infections disease or was their body contaminated inmediately before the object of the properties. In these a cardiac pacemaker or any other potentially stated as a cardiac pacemaker or any other potentially. In these a cardiac pacemaker or any other potentially of the cardiac pacemaker or any other potentially. The cardiac pacemaker of the properties of the cardiac pacemaker of the properties of the propertie	are and/or raced.	in sections 1 to 3 is, to remains. It is an
the deceased have a notificial infectious disease or was their body contaminated himnediately before deceal? was their body contaminated inmediately before deceal? It there a cardiac pacemaker or any other potentially explosive device currently present in or on the body? (see Note 3 in guidance on the camples). It shere a cardiac pacemaker or any other potentially explosive device currently present in or on the body? If you answered? yes, to the questions about a cardiac pacemak please give details and state whether the device has been remon please give details and state whether the device has been remon the body? Section 4: Declaration This section requires you so declare that the information you he best of your knowledge, true, and that you are entitled to a offence to knowingly provide false information and if you do up to Level 3 on conviction Applicant's declaration Lecture that I have the legal right to apply for this cremation. Information I have provided is necurate. First names	are and/or raced.	in sections 1 to 3 is, to remains. It is an
the deceased have a notificial infectious disease or was their body contaminated himnediately before deceal? was their body contaminated inmediately before deceal? It there a cardiac pacemaker or any other potentially explosive device currently present in or on the body? (see Note 3 in guidance on the camples). It shere a cardiac pacemaker or any other potentially explosive device currently present in or on the body? If you answered? yes, to the questions about a cardiac pacemak please give details and state whether the device has been remon please give details and state whether the device has been remon the body? Section 4: Declaration This section requires you so declare that the information you he best of your knowledge, true, and that you are entitled to a offence to knowingly provide false information and if you do up to Level 3 on conviction Applicant's declaration Lecture that I have the legal right to apply for this cremation. Information I have provided is necurate. First names	are and/or raced.	in sections 1 to 3 is, to remains. It is an

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
Signature of funeral director's representative
Date (DD/MM/YYYY)
Date (DD/MNV1111)
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 asbes 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.
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:
Section 5d: Details of who will collect the ashes from the crematorium: First names
First names
First names
First names Surname
First names Surname
First names Surname Telephone number, if known
First names Surname Telephone number, if known
First names Surname Telephone number, if known Email address, if known
First names Surname Telephone number, if known Email address, if known
First names Surname Telephone number, if known Email address, if known
First names Surname Telephone number, if known Email address, if known
First names Surname Telephone number, if known Email address, if known Address Postede
First names Surname Telephone number, if known Email address, if known
First names Surname Telephone number, if known Email address, if known Final address, if known The proon collecting the ashes has been made aware that identification will be needed when the
First names Surname Telephone number, if known Email address, if known Address Postcode 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.
First names Surname Telephone number, if known Email address, if known Address Postocode The person collecting the asbes has been made aware that identification will be needed when the asbes 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.
First names Surname Telephone number, if known Email address, if known Address Postcode 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.
First names Surmane
First names Surmane
First names Surmane Telephone number, if known Email address, if known Email address, if known Address Postocode The person collecting the asbes has been made aware that identification will be needed when the asbes are collected. The person collecting the asbes has been made aware that identification will be needed when the asbes are collected. The person collecting the asbes has been made aware that identification will be needed when the asbes are collected. The person collecting the asbes has been made aware that identification will be needed when the asbes are collected. The person collecting the asbes has been made aware that identification will be needed when the asbes are collected. The person collecting the asbes has been made aware that identification will be needed when the asbes are collected. The person collecting the asbes has been made aware that identification will be needed when the asbes are collected. The person collecting the asbes has been made aware that identification will be needed when the asbes are collected. The person collecting the asbes has been made aware that identification will be needed when the asbes are collected. The person collecting the asbes has been made aware that identification will be needed when the asbes are collected.

Status: Point in time view as at 04/04/2019.

Changes to legislation: There are currently no known outstanding effects for the The Cremation (Scotland) Regulations 2019. (See end of Document for details)

Nam	e of crematorium staff
Sign	sature of crematorium staff
Posi	tion
Guie	dance Notes
1. N	ote 1
The	applicant completes the form in their capacity as the representative of the local authority.
2. N	ote 2
Proc	curator Fiscal—
Cross (SFI whet http:	deaths which are under, supplicates, unexplained or unexpected are reported to the Procurator all who may instruct the police to investigate the circumstance of the death. Whitis the in Office and Procumitor Fiscal Service (COPFS), the Scottish Fatallities Investigated Unit (1) is a specialist unit responsible for investigating these deaths. The SFIU will decide the further investigation required. Information available on the COPFS website: (I/www.copfs.gov.al/circumsignamic deaths) in regularing deaths of the COPFS website: (I/www.copfs.gov.al/circumsignamic deaths).
the c	rematorium. It must be received by the crematorium before the cremation is due to take e.
3.	Note 3
Haz	ards
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 ensiritively recycled. Metals are made up of tiems used in the construction of the colfin (e.g. pins and staples) and some surgical implants (e.g. pin pints, pins and plates). Any proceeds received following recycling are distributed to chartly. The crematorium will nee your permission to recycle and should clearly state their policy in terms of any metal receivened following creamtion. If you wish, you have the right to request that these metals are received following creamtion receives will conduct the majority of jewellery unrecognished and feedily should be removed before creaming.
6.	Note 6
i.	The cremation authority is required to verify that the information contained in this form is

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

Commencement Information

ii. The signatory should sign the form if they approve the cremation

Sch. 6 in force at 4.4.2019, see reg. 1(1)

Changes to legislation: There are currently no known outstanding effects for the The Cremation (Scotland) Regulations 2019. (See end of Document for details)

- This form is sued to apply for a cremation of:

 a whole body following an automical examination (where the body was donated on or after
 a whole body following an automical examination (where the body was donated on or after
 Act 2006 In Exheurary 1989); or
 body parts which have been retained after an automical examination (where the body was
 donated on or after the commercement of the Automy Act 1944 as amended by the Human
 Tissue (bodshaft) Act 2006 In February 1988); or
 body parts which have been extended after a looppial auraged 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.

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)

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 automical cumination, section 27A of the Registration of Births, Dunhs and Marriages (Scotland). Act 1966 (as amended by the Certification of Dunh Scotland). Act 2011). Or Certificate of Authorisation for the disposal of body pour following nameraled examination; extend 27A of the Registration of Births, Deaths and Marriages (Scotland). Act 1965 (as amended by the Certification of Dunh 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 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

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.

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.

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

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 security, in the held security, in all cases. It will not be abstant with any thind 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 oblighed in include in their process or copy of the control of t

Application for cremation - details of the deceased

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

Section 3 – cremation of body parts ret	ained following a hospital arranged post-mortem
examination. Section 1: Application for cremation of a wi	hala bada fallanda a andanda la anada da a
I confirm that the body described below was d	
(University Name_ of the Anatomy Act 1984 as amended by the I	on or after the commencement fuman 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)	
Sumame	
Date of birth (DD/MM/YYYY)	1
	Age (at death)
Address	
Power for	
Postcode	
Date on which they died (or were found dead)	(DD/MM/YYYY)
Place of death	_
I authorised person*) confirm on behalf of	(Licensed Teacher of Anatomy/other (name
of Authority lawfully retaining the body) that t examination concerning the body detailed abo- released for disposal and may be cremated.	here is no reason for any further inquiry or we and attach Form M confirming that it is now
I confirm that, to the best of my knowledge an body.	d belief, no implants or hazards remain in or on the
body. * The university may authorise a suitable persordinator).	on to complete Form A6 (such as a bequest co-
Section 2: Application for cremation of bod	y parts following anatomical examination
L	(Licensed Teacher of Anatomy/
authorised person*) confirm on behalf of	parts) that there is no reason for any further inquiry
disposal and may be cremated.	d on Form N. I confirm they are now released for d belief, no implants or hazards remain in or on the
body part(s).	
was/were donated to (University Name	orm N was/were retained from body/ bodies which) under the Anatomy cotland) Act 2006.
* The university may authorise a suitable persordinator).	
Section 3: Application for cremation of bod	y parts following a hospital arranged post
mortem examination	(Doctor / Pathologist/ authorised person*)
confirm on behalf of retaining the body parts) that there is no reaso	(name of Authority lawfully n for any further inquiry or examination concerning by are now released for disposal and may be
cremated.	ey are now released for disposal and may be d belief, no implants or hazards remain in or on the
body part(s). I confirm that the body part(s) described on Fo	orm N was/were retained from the body of the
* The hospital may authorise a suitable person	ortem examination.
The hospital may authorise a sunable person	to complete Form A6.
Section 4: Declaration	
I declare that I have the legal right to apply for belief, all the information given in this applica	this cremation. To the best of my knowledge and tion is correct, no information has been omitted and d.
Signature of applicant	d.
Date (DD/MM/YYYY)	
Organisation	
Business address	
Postcode	
Section 5: Authorisation for cremation (to b	e completed by the cremation authority)
This section is used by the cremation authority the cremation can take place.	to confirm that the application is in order and that
Cremation number:	
I confirm that I have seen the appropriat page 2 of this form) to allow the cremati	e documentation (as outlined in the checklist on on to take place (If a document is still missing,
please contact the applicant).	
I confirm that all relevant sections of Fo	•
I confirm that I approve this application	
Date (DD/MM/YYYY)	
Name of crematorium staff	
Signature of crematorium staff	

Changes to legislation: There are currently no known outstanding effects for the The Cremation (Scotland) Regulations 2019. (See end of Document for details)

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

Commence	ement Information
I7 Sch.	7 in force at 4.4.2019,
	Cremation number:
Form A7: Application for crema examination or teaching before t	tion of body parts donated in Scotland for anatomical the commencement of the Anatomy Act 1984 as amended t 2006 (14 February 1988)
the Human Tissue (Scotland) Ac Crematorium/cremation authority	t 2006 (14 February 1988)
Crematorium/cremation authority	
This form is used to apply for crem anatomical examination or teaching	ation of body parts which were donated in Scotland for g before commencement of the Anatomy Act 1984 as amende ct 2006 (14 February 1988). This is a requirement of the 2019. This application must be signed by the person
by the Human Tissue (Scotland) A Cremation (Scotland) Regulations	ct 2006 (14 February 1988). This is a requirement of the 2019. This application must be signed by the person
authorised to make the application	for cremanon.
cremation authority will need to ex	nation authority which is to carry out the cremation. The amine the form to make sure that it contains all of the formation or information that is not accurate may result in the
cremation being delayed or refused	l.
If you are unsure about any of the form means, you should speak to s	information that is required, or are not sure what any part of t taff at the crematorium where the cremation is to take place.
	e crematorium using their usual procedure.
	n this form are not to be used for any other purpose
The information provided on this f	orm is a legal requirement under the Burial and Cremation occessed in line with Data Protection legislation. The data will that is carrying out the cremation. It will be held securely, in
be held by the cremation authority confidence and processed solely for	that is carrying out the cremation. It will be held securely, in r the purpose of carrying out the cremation and the handling
ashes. It will not be shared with an about you and you can, by contacti	the purpose of carrying out the cremation and the handling y third party. You have the right to know what data is held ng the cremation authority in writing, receive a copy of that liged to include in their privacy notice how the information v
	liged to include in their privacy notice how the information v may make a complaint to the Information Commissioner's
Office.	tion of body parts donated in Scotland for anatomical
examination or teaching before t the Human Tissue (Scotland) Ac	tion of body parts donated in Scottand for anatomical he commencement of the Anatomy Act 1984 as amended
I, (name of Licensed Teacher of An	
at (name of Scottish university) that the body parts(s) described bel	low is/are crematedreques
I confirm that the body part(s) desc	ribed below were donated to or acquired by (insert university
commencement of the Anatomy A	before the ct 1984 as amended by the Human Tissue (Scotland) Act 200
Anatomy reference no.	Parts for disposal
Anatomy reterence no.	Tate to disposit
* The university may authorise a si (such as a bequest co-ordinator).	aitable person to apply for the cremation and complete Form
Section 2: Declaration	
	The book of the second of the
belief, all the information given in	to apply for this cremation. To the best of my knowledge an this application is correct, no information has been omitted a tast been obtained.
Signature of Applicant	as been obtained. Date
University	
Address	
Postcode	
Telephone	
Section 3: Authorisation for cren	nation (to be completed by the cremation authority)
	ections of Form A7 have been completed.
☐ I confirm that I approve thi	
Date (DD/MM/YYYY)	
Date (DESMANTTT)	
Name of crematorium staff	
Signature of crematorium staff	
Position	
Remains which cannot be cremate Where the body parts are in such a	ed condition that means they are unable to be cremated the
cremation authority may refuse to a method of disposal (e.g. burial).	ccept them and return them to the applicant for an alternative

Changes to legislation: There are currently no known outstanding effects for the The Cremation (Scotland) Regulations 2019. (See end of Document for details)

SCHEDULE 8

Regulation 9

DEATH INVESTIGATED BY PROCURATOR FISCAL – FORM E1

Commencement Information

I8 Sch. 8 in force at 4.4.2019, see reg. 1(1)

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

Date of signature

SCHEDULE 9

Regulation 15(1)(a)

CREMATION REGISTER - WHOLE BODIES

Commencement Information

19 Sch. 9 in force at 4.4.2019, see reg. 1(1)

Register of Cremation of Whole Bodies

FORM B1

Funeral director Dispersal of ashes information (and chan and dates)					
Funeral direct					
Date of birth Date of death					
Date of birth					
Sex of the deceased					
Name of the deceased					
Date of cremation					
Cremation					

SCHEDULE 10

Regulation 15(1)(b)

CREMATION REGISTER - BODY PARTS

Commencement Information

I10 Sch. 10 in force at 4.4.2019, see reg. 1(1)

						_	_	_	_	_	_	_	_	_	_	_	_
			Dispersal of ashes	(and changes and dates)	Ì												
			Name and address of	signing certificates													
			Body parts Name and Name and being address of address of	applying for	cremation												
			Body parts being	cicillated													
	Register of Cremation of Body Parts		Date and place of	cremation of body	,												
FORM B2	nation of I		Date of death														
Š	of Cren		Date														
	Register	[mm]	Sex of the deceased														
		Carried out at the crematorium of [insert name of crematorium]	Address of the deceased														
		ium of [insert r	jo s	neceasen													
		t the crematori	Date of Name cremation the														
		Carried out at	Cremation														
						_	_	_	_	_	_	_	_	_	_	_	_

SCHEDULE 11

Regulation 15(1)(c)

CREMATION REGISTER – STILLBIRTH AND PREGNANCY LOSS

Commencement Information

III Sch. 11 in force at 4.4.2019, see reg. 1(1)

FORM B3
Register of Cremation of Stillbirth and Pregnancy Loss

Register of Cremation of Sunding and Preg

int" Dispersal of asnes information (none were recovered)	Name and address of the applicant	матет	number*	cremation	Cremation
	Name and address of the amplian	(b) Nomoskii	(a) NHS	Detroof	Committee
		natorium]	ert name of crem	Carried out at the crematorium of [insert name of crematorium]	Carried out at the

*Complete columns (a) and (c) only if cremation is applied for by a health body/authority.
**Complete column (b) with name given to the baby (if one has been given).

Status:

Point in time view as at 04/04/2019.

Changes to legislation:

There are currently no known outstanding effects for the The Cremation (Scotland) Regulations 2019.