

Cremation number:

### Form A3: Application for cremation of a pregnancy loss

Crematorium/cremation authority

**NAME** \_\_\_\_\_

This form must be used by a family member to apply for the cremation of a pregnancy loss, where the loss occurred before the end of the 24<sup>th</sup> week of gestation (ie, on or before 23 weeks and 6 days) and showed no signs of life. This is a requirement of the Cremation (Scotland) Regulations 2016, made under section 48 of the Burial and Cremation (Scotland) Act 2016.

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

As the person who is applying for the cremation, you are 'the applicant'. You must have the legal right to apply for the cremation (see guidance notes).

If you are unsure about any of the information that is required, or are not sure what certain parts of the form mean, you should speak to staff at the crematorium where the cremation is to take place, to the funeral director who is making the arrangements or to any other person who is arranging the funeral.

Guidance notes are provided at Section 7 of this form.

#### Change of crematorium

If it is necessary to change the crematorium for any reason a new Form A1 should be completed.

#### Forms checklist

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

#### Required

- Medical certificate of pregnancy loss OR
- Health Authority/medical practitioner letter confirming that the woman's pregnancy has ended

#### Optional

- Form E1 (form if Procurator Fiscal has been involved and has released the remains for cremation) (see section 2)

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

The information on this form will be processed in line with the Data Protection Act 1998. The data will be held securely, in confidence and processed for the purpose of carrying out the cremation. Under the Act you have the right to know what data held about you and you can, by applying to the cremation authority in writing and paying a fee, receive a copy of that data.

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

This section is used to record your details. In completing this form you are the applicant for the cremation. Please see Note 1 of Section 7 for who can apply.

**Applicants MUST be 16 years of age or older, on the date the loss occurred, to apply for the cremation unless you are the woman who has experienced the loss. There is no age restriction if the applicant is the woman who experienced the loss.**

Title

First names

Surname

Address

Post code

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Telephone

Email address

Crematorium at which the cremation will take place

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

This section is used to record the details of a pregnancy loss.

I am the woman who has experienced the loss  (please complete section 2a only)

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

### Section 2a

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

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Name of baby/ family name

(The midwife or medical professional has issued a letter to confirm that a pregnancy loss has taken place)

### Section 2b

Please state your relationship to the woman who experienced the loss

Name of woman who experienced the loss

Address of woman who experienced the loss

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Post code

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Depending on the circumstances of the pregnancy loss, the procurator fiscal may be involved. If this is the case, the cremation cannot take place until the Procurator Fiscal has given approval. More information about the involvement of the procurator fiscal is provided at Note 2 in Section 7 of this form.

Is the pregnancy loss being investigated by the procurator fiscal? Yes  No

Has the cremation been approved by the procurator fiscal? Yes  No

**Has an E1 form been issued by the procurator fiscal** Yes  No

### Section 3: Disposal of ashes

This section is used to record what is to happen to the ashes after cremation. **You must choose only one option and initial beside the option you have chosen.** Options will vary at each crematorium. Please see Note 3 of Section 7. Please discuss with the funeral director the options available for ashes at your chosen crematorium or visit the crematorium’s website.

**The term “ashes” means the material (other than any metal) to which human remains are reduced by cremation including the coffin and any clothing. Metal will be removed in line with local practice.**

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

I understand that I must collect the ashes from the crematorium within **4 weeks**

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 I must collect the ashes from the funeral director within **4 weeks**

**C. I instruct the crematorium to bury or scatter the ashes.**

**Preferred option:** bury  scatter

I understand that the crematorium will bury or scatter the ashes using their standard procedure.

**I wish to be present when the ashes are buried or scattered (if this is possible) - Yes / no**

### Section 4: Hazards

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

**To the best of my knowledge and belief:**

|   | Yes | No |
|---|-----|----|
| Is there a possible risk to public health: for example did the woman who had the pregnancy loss have a notifiable infectious disease? |     |    |

If you answered ‘yes’, please give details.

**Section 5: Declaration**

This section requires you to declare that the information you have provided is, to the best of your knowledge, true, and that you are entitled to apply for this cremation. **It is an offence to knowingly provide false information and by doing so you may be liable on summary conviction to a fine of up to £1,000.**

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

**Applicant’s declaration**

I declare that I have the legal right to apply for this cremation. To the best of my knowledge, the information I have provided is true and accurate. I confirm that the various options for what is to happen to the ashes has been explained to me and that I fully understand the option that I have chosen (e.g. If I have chosen for the ashes to be scattered by the crematorium, I know that they will not be returned to me).

Signature of applicant

Date (DD/MM/YYYY) 

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It is not a requirement to use the services of a funeral director but where one has been used the following section should be completed by the funeral director.

**Funeral Director (to be completed by the funeral director)**

I declare that I have discussed the options with the applicant and know no reason why the cremation cannot take place.

Name of funeral director’s representative

Company name and address of funeral director  

Post code

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Signature of funeral director’s representative

Date (DD/MM/YYYY) 

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**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.

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

I confirm that I have seen the appropriate documentation to allow the cremation to take place.

Yes  No

- For a pregnancy loss, a medical certificate confirming that the loss occurred before 24 weeks gestation and showed no sign of life OR
- Health Authority/medical practitioner letter confirming that the woman’s pregnancy has ended
  
- Form E1 (if Procurator Fiscal involvement)

I confirm that all relevant sections of Form A have been completed: Yes  No

If you answered “No” to either question provide details

I confirm that I approve this application for cremation: Yes  No

Date (DD/MM/YYYY) 

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Name of crematorium staff

Signature of crematorium staff

Position

**Countersignatory**

Name of crematorium staff

Signature of crematorium staff

Position

## Section 7: Explanatory Notes:

The applicant should complete sections 1 – 5.

### 1. Section 1

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

### 2. Section 2

#### I. Procurator Fiscal –

All deaths which are sudden and/or unexplained are reported to the procurator fiscal who will instruct the police to investigate the circumstances of the death. Within the Crown Office and Procurator Fiscal (COPFS), the Scottish Fatalities Investigation Unit (SFIU) is a specialist unit responsible for investigating all sudden, suspicious, accidental and unexplained deaths. Information is available for relatives on the COPFS website:

<http://www.copfs.gov.uk/investigating-deaths/our-role-in-investigating-deaths>

### 3. Section 3

- I. The applicant should complete section 3.
- II. Not all crematoriums offer the same services – for example, some crematoriums will scatter ashes while others will bury them. If you are in any doubt about your options, you should discuss them with the crematorium or with the funeral director who is arranging the funeral. This will ensure that it is possible for the crematorium to carry out your instructions. Once the cremation authority has accepted this application form, it must follow your instructions for what is to be done with the ashes.
- III. Further information regarding the options at section 3 are detailed below:

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

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

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

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

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

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

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

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

**4. Section 4**

**I. Hazards**

- ii. Notifiable diseases are listed in Schedule 1 of the Public Health etc. (Scotland) Act 2008.

**5. Section 5**

- I. The applicant is required to declare that they are entitled to apply for the cremation in terms of the Burial and Cremation (Scotland) Act 2016.
- II. The funeral director is required to complete the second part of section 5.

**6. Section 6**

- I. The crematorium is required to verify that the information contained in this form is correct and that the cremation can proceed.
- II. The signatory should sign the form if they approve the cremation.
- III. The counter signatory should sign the form to indicate that they are happy that the information is correct and that the cremation can go ahead.