

Cremation number:

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

Crematorium/cremation authority

This form is used to apply for the cremation of an individual pregnancy loss or shared pregnancy losses, where the loss occurred before the end of the 24th week gestation (ie, on or before 23 weeks and 6 days). This is a requirement of the Cremation (Scotland) Regulations 2017, for cremation made under section 48 of the Burial and Cremation (Scotland) Act 2016. This application must be signed by the person authorised to make the application for cremation. The pregnancy loss must be identified by the hospital or clinic ID number.

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

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

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: Application for cremation of pregnancy loss by a health body

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

I _____ (*print name of applicant*) on behalf of _____ (*organisation*) as the authorised and designated person, declare that I hold paperwork relating to each of the pregnancy losses listed below, signed by the medical practitioner/ registered nurse/ registered midwife whose name is _____ (*print name*), and that the paperwork includes a declaration that the pregnancy loss was of a gestation up to and including 23 weeks and 6 days and that the pregnancy loss showed no signs of life.

I hereby apply to _____ (*crematorium*) to dispose of the following pregnancy losses (maximum 50):

Box number _____

	Pregnancy Loss Unique Identifier		Pregnancy Loss Unique Identifier		Pregnancy Loss Unique Identifier		Pregnancy Loss Unique Identifier
1		13		25		38	
2		14		26		39	
3		15		27		40	
4		16		28		41	
5		17		29		42	
6		18		30		43	
7		19		31		44	
8		20		32		45	
9		21		33		46	
10		22		34		47	
11		23		35		48	
12		24		36		49	
				37		50	

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

Signature of Applicant _____ Date _____

Organisation

Address

Post code _____

Telephone _____

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

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

Cremation number: _____

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

Yes No

I confirm that all relevant sections of Form A4 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