

Cremation number:

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

Crematorium/cremation authority

NAME OF DECEASED _____

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

- a) a person dies or is found dead within the area of the local authority; and
- b) it appears that no arrangements have been or are being made under section 65(2) or 66(2) of the Burial and Cremation (Scotland) Act 2016, or otherwise for the remains to be buried or cremated.

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

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

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

Guidance notes are provided at the back 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

- Death Certificate (Form 14 - Certificate of Registration of Death)

Optional

- Form E1 (form if procurator fiscal has been involved and has released the remains for cremation) (see Note 2 of Section 7)

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 3: Disposal of ashes

This section is used to state what is to happen to the ashes following cremation.

a) There are no known relatives and the ashes should be disposed of in line with local 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 3d)

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. Metal will be removed in line with local practice.

Section 3d: Details of the family member who will collect the ashes from the crematorium:

First names

Surname

Telephone number, if known

Email address, if known

Address

Address							
Post code							

Section 4: Hazards

This section is used to record details of anything which might be a hazard during cremation – for example, certain implants or the presence of particular diseases. Certain hazards may need to be removed from the body before cremation can take place. Implants or devices may damage cremation equipment if not removed before cremation. Some radioactive treatments may endanger the health of the crematorium staff.

The presence of some hazards may delay or prevent cremation taking place. If you are in any doubt about this, please discuss it with the funeral director or crematorium staff.

Are you aware if any of the following apply:

	Yes	No
Does the body pose a risk to public health: for example did the deceased have a notifiable infectious disease or was their body contaminated immediately before death?		
Is there a cardiac pacemaker or any other potentially explosive device currently present in or on the body? (see Note 4 in Section 7 for examples)		
Is there radioactive material or other hazardous implant currently present in or on the body?		

If you answered ‘yes’ to any question, please give details and state whether the device has been removed.

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 doing so is liable on summary conviction to a fine of up to £1000.**

Applicant's declaration

I declare that I have the legal right to apply for this cremation. To the best of my knowledge, the information I have provided is accurate.

First names

Surname

Signature of applicant

Date (DD/MM/YYYY)

Funeral Director's Signature (if applicable)

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

Not registered at a medical practice

Signature of funeral director's representative

Date (DD/MM/YYYY)

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

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

Cremation number: _____

I confirm that I have received the necessary documentation to allow the cremation to take place.

Yes No

Death Certificate (Form 14 - Certificate of Registration of Death)

Form E1 (if procurator fiscal involved)

I confirm that all relevant sections of Form A5 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 completes the form in their capacity as the representative of the local authority.

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 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.

4. Section 4

Hazards

- i. Examples include: pacemaker; cardiac implant; drug pump; neuro-stimulator; shunt; battery powered implant; Fixion nails used in treatment of bone fractures. Please discuss with the funeral director or cremation authority if you are unsure.
- ii. Notifiable diseases are listed in Schedule 1 of the Public Health etc. (Scotland) Act 2008.
- iii. Some injections for cancer treatment contain radioactive material which may mean that the cremation has to be delayed for a period.

5. Section 5

- 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 5 (if involved).

6. Section 6

- I. The cremation authority is required to verify that the information contained in this form is correct and that the cremation can proceed.
- II. The signatory should sign the form if they approve the cremation.
- 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.