# Form A1: application for cremation of an adult or a child

Cremation number:

Cremation authority registration number:

3224152392

Time of cremation:

Date of cremation:

Crematorium/cremation authority address:

Stirlingshire Crematorium
and Memorial Gardens
Falkirk Road
Bannockburn
Stirling
FK7 8AJ

**Name of the deceased:**

**This is a statutory form, prescribed by the Cremation (Scotland) Regulations 2019. The information and questions contained in this form must not be changed.**

**This form must be used to apply for the cremation of an adult or a child.** An adult is someone 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. As the person who is applying for the cremation, you are 'the applicant'. You must have the legal right to apply for the cremation. If it is necessary to change crematorium for any reason a new Form A1 should be completed.

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 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 5 of this form.

### Personal data

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 securely, in confidence and processed solely for purposes set out by or under the Burial and Cremation (Scotland) Act 2016. It will not be shared with any third party other than an inspector of cremation, if requested. 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 obliged to include in their privacy notice how the information will be held, for how long and how you may make a complaint to the Information Commissioner's Office.

## Required documents

You should ensure that you have attached all required documents to this application form. The cremation authority must have them for the cremation to take place. Different documents are required depending on whether the death occurred in Scotland, England, Wales, Northern Ireland or abroad. A Form E1 is required if the procurator fiscal investigated the death. See the Guidance Notes (a) for more information.

(a) https://www.gov.scot/publications/cremation-statutory-forms/

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

This section is used to record your details. By completing this form you are the applicant for the cremation. If you are completing the form on behalf of a care facility or health body or organisation please use the business address and contact details.

Applicants must be 16 years of age or older on the date the deceased died to apply for cremation, except if the applicant is the parent of the child who has died. If you are the parent and are under 16, you may wish to seek the support of a parent or guardian if you feel it would be helpful.

Title:

First name:

Surname:

Address:

Postcode:

Telephone:

Email address:

**This question is only to be completed for an adult who has died**

What is your relationship to the adult who has died?

**This question is only to be completed for a child who has died (Please tick the relevant box below)**

I am the parent of the child who has died ☐

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 tick as applicable): Male ☐ Female ☐

First name(s) (including any middle names):

Surname:

Name as shown on coffin plate (*if different*):

Date of birth (DD/MM/YYYY):

Age (at death)

Address:

Postcode:

Date on which they died (or were found dead) (DD/MM/YYYY):

Place of death:

### Death abroad

If the death occurred outside the UK you will need to produce a copy of that country's equivalent of a certificate of death and the authorisation to remove the body from that country. Healthcare Improvement Scotland (HIS) must check all papers and will authorise the cremation.

### Procurator Fiscal (PF)

If the PF has investigated the death, the cremation cannot take place until the PF has given approval. Please tick boxes below as applicable:

Has the death been investigated by the procurator fiscal? Yes ☐ No ☐

If yes, 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 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 crematorium staff.

**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:**

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? Yes ☐ No ☐

Is there a cardiac pacemaker or any other potentially explosive device currently present in or on the body? Yes ☐ No ☐

Is there radioactive material or any other hazardous implant currently present in or on the body? Yes ☐ No ☐

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: Disposal of ashes

This section is used to record what is to happen to the ashes after cremation**.**

The term “ashes” means the material (other than any metal) to which human remains are reduced by cremation including the coffin and any clothing.

All necessary steps will be used in order to fully recover ashes, but in the event that ashes are not recovered, the inspector of cremation will investigate the reasons.

Metals may be recycled by the cremation authority to help reduce the impact on the environment. Each crematorium will have their own practices. Should you wish to dispose of the metals in any other way then please indicate by ticking the box and metals will be returned to you within the cremated remains or separately from them. ☐

**You must choose only one of the following options (A, B or C). Please tick the box and then initial beside the option you have chosen.**

Options will vary at each crematorium. For more information you can discuss with the funeral director or cremation authority the options available for ashes at your chosen crematorium or visit the crematorium’s website. Some cremation authorities may offer to split the ashes but you should confirm with them first if they are able to do so. If so please add details of how the ashes are to be split to the Special Instructions section below.

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

Initials: ☐ Name of representative: ☐

I understand that the ashes must be collected from the crematorium within 4 weeks of the cremation. Identification will be needed when the ashes are collected. ☐

**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 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 scattering. ☐

I wish to be present when the ashes are buried or scattered (if this is possible). ☐

If you would like to be present, please contact the crematorium to arrange a date.

**C.1. I would like the ashes to be scattered/buried in the same location as a previously deceased person.** ☐

Name of deceased: ☐

Date of death: ☐

Please state location below (must be in a location agreed with the cremation authority):

☐

**Special Instructions**
e.g. splitting ashes, no reduction of bones to ashes; what you want done with any metal remaining after cremation).

## Section 5: 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 the standard scale on conviction.**

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 fully understand the 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's declaration (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 that 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 applicant.

Name of funeral director's representative:

Funeral director's registration number:

Business name and address of funeral director:

Postcode:

Combined weight of the coffin and deceased:

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 (please tick).

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

I confirm that all relevant sections of this form have been completed. ☐

I confirm that I approve this application for cremation. ☐

Name of crematorium staff member:

Signature of crematorium staff member:.....

Position:

Date (DD/MM/YYYY):