Form A2: application for cremation of a stillborn baby

Cremation number:

Cremation authority registration number:

3224152392

Crematorium/cremation authority address:

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

Name of baby (if given):

Time of cremation:

Date of cremation:

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

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 the crematorium for any reason a new Form A2 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 should 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 to this application form the certificate of registration of stillbirth and, if the procurator fiscal has been involved, you may also need to attach a Form E1. The cremation authority must have these documents for the cremation to take place. 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 to apply for a cremation, unless they are the parent of the baby who was stillborn. 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:

Section 2: Details of the stillborn baby

This section is used to record the details of a stillborn baby (please tick only one option below).

I am the parent of the baby who was stillborn (please complete sections 2a and 2c) ☐

I have been authorised to make the application (please complete sections 2a, 2b & 2c) ☐

What is your relationship to the baby (if you are not the parent)?

Section 2a: Name of the stillborn baby

First Name(s) (if given):

Surname:

Date when baby was delivered (DD/MM/YYYY):

Sex of baby (tick one option): Male ☐ Female ☐ Unknown ☐

Section 2b: Parents' details

Name of the baby's mother:

Name of baby's father/parent:

Address of the baby's mother:

Postcode:

Section 2c: Deaths investigated by the Procurator Fiscal

If the Procurator Fiscal (PF) has investigated the stillbirth, the cremation cannot take place until the PF has given approval. Please tick boxes below as applicable.

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

If 'yes', Form E1 has been provided by the procurator fiscal Yes ☐ No ☐

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:

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? Yes ☐ No ☐

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

Is there radioactive material or any other hazardous implant currently present in or on the body of the baby? 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 crematorium 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. 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 of 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 understand the option that I have chosen.

Signature of applicant: .....

Date (DD/MM/YYYY):

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 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 applicant.

Name of funeral director's representative:

Funeral director's registration number:

Business name and address of funeral director:

Postcode:

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):