Form A3: application for cremation following a pregnancy loss

Cremation number:

Crematorium/cremation authority address:

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

Cremation authority registration number:

3224152392

Time of cremation:

Date of cremation:

Baby's name (if given):

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 pregnancy loss, where the loss occurred on or before the end of the 24th week of gestation and showed no signs of life. This application form should be completed by the woman who has experienced the pregnancy loss, unless the woman authorises another person to complete the form on her behalf or if she is unable to due to exceptional circumstances.

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' and must have the legal right to apply for the cremation.

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 what any part of the form means, you can 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.

If it is necessary to change the crematorium for any reason a new Form A3 should be completed.

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 the 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 medical certificate of pregnancy loss or health authority/medical practitioner confirmation that the pregnancy has ended. 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.

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. 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 woman who experienced the loss. If you are under 16 and experienced the loss, 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:

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

Section 2: Application for the cremation of a pregnancy loss

This section is used to record the details of a pregnancy loss (please tick the relevant box below).

I am the woman who has experienced the loss (please complete sections 2a and 2c) ☐

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

Section 2a: Details of pregnancy loss

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

Name of baby / family name:

(The midwife, registered nurse or medical professional has issued a letter or certificate to confirm that a pregnancy loss has taken place). ☐

Section 2b: Details of woman who experienced the loss

Please state your relationship to the woman who experienced the loss:

Name of the woman who experienced the loss:

Address of woman who experienced the loss:

Postcode:

Section 2c: Investigation by Procurator Fiscal

If the Procurator Fiscal (PF) has investigated the pregnancy loss, the cremation cannot take place until the PF has given approval.

Has the pregnancy loss 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, 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, you must discuss it with a funeral director or crematorium staff.

Are you aware if any of the following apply:

Is there a risk to public health, for example did the woman 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? Yes ☐ No ☐

Is there radioactive material or other hazardous implant currently present? 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 this 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.

Initials: ☐

C. I instruct the crematorium to disperse the ashes using their usual method. ☐

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 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 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.

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):