Form A4: application for cremation of pregnancy loss by a health authority or body (shared or individual cremation)

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

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 application form must be used to apply for:

- individual cremation of a pregnancy loss, or
- shared cremation of more than one pregnancy loss

where the loss occurred on or before the end of the 24th week gestation and the loss was for any reason (i.e. termination or miscarriage).

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.

This application must be signed by the person authorised to make the application for cremation.

Each pregnancy loss must be identified by the hospital or clinic ID number.

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.

Individual cremation

When a pregnancy loss is to be cremated individually, no other pregnancy loss(es) are to be included on this form.

Are ashes to be returned to the next of kin: Yes ☐ No ☐

If yes – provide contact details of who will collect the ashes (individual or funeral director)

Name:

Contact details (phone number/email):

Section 1: Authority to apply for cremation

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, and that the paperwork includes a declaration that each pregnancy ended before or on completion of its 24th week and that each pregnancy loss showed no signs of life.

Section 2: Type of cremation

Individual cremation ☐ (please complete section 2a)

Shared cremation ☐ (please complete section 2b)

Section 2a: details of individual cremation

Container number: _____

Pregnancy loss unique identifier: _____

Are ashes to be returned to the next of kin: ☐ Yes or ☐ No

If yes - provide contact details of who will collect the ashes (individual or funeral director)

Name: _____

Contact details (phone number/email): _____

Section 2b: details of shared cremation

Container number: _____

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

Section 3: Declaration

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 (DD/MM/YYYY):

Organisation:

Organisation Address:

Postcode: Telephone:

Section 4: 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 all relevant sections of Form A4 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):