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

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:

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 application form is to be used by a local authority for the cremation of an adult or child where a person dies or is found dead within the area of the local authority and it appears that no arrangements have been or are being made for the remains to be buried, cremated or hydrolysed.

This 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 or to the funeral director who is making the arrangements.

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 Burial and Cremation (Scotland) Act 2016.

If it is necessary to change the crematorium for any reason a new Form A5 should be completed.

Personal data

The information provided on this form is a legal requirement under the Burial and Cremation (Scotland) Act 2016 ("the Act") 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 Act. 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 the certificate of registration of death to this application form. A Form E1 may also be required if the procurator fiscal has been involved. 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, as the representative of the local authority responsible for the cremation. In completing this form you are the applicant for the cremation.

Title:

First names:

Surname:

Position:

Local authority:

Business address:

Postcode:

Business telephone:

Email address:

Section 2: Authority to apply for cremation

I _____ (representative of local authority) on behalf of:

_____ (local authority)
declare that the person has died or has been found dead within the above local authority area (or died in another local authority area but was receiving assistance from the local authority which is making the application) and it appears that no arrangements have been or are being made for the remains to be burial, cremated or hydrolysed.

Section 3: Information about the person who has died

Details of the person who has died

Title: _____ Sex (please tick): Male ☐ Female ☐

First name(s): _____

Surname: _____

Name as shown on the 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): _____

Religion (if known): _____

Place of death: _____

Name of hospital or practice where the doctor certified the death:

_____

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 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, you must discuss this 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? (see Note 3 in guidance notes for examples)	Yes ☐	No ☐
Is there radioactive material or other hazardous implants 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 5: Disposal of ashes

This section is used to state what is to happen to the ashes following cremation (please tick only one box below).

a) There are no known relatives/relatives are unable to be contacted and the ashes should be disposed of in line with cremation 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 5d) ☐

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. Metals may be recycled by the cremation authority to help reduce the impact on the environment. Each crematorium will have their own practices.

Section 5d: Details of the person collecting the ashes

First names:

Surname:

Telephone number, if known:

Email address, if known:

Address:

Postcode:

The person collecting the ashes has been made aware that identification will be needed when the ashes are collected. ☐

Section 6: Declaration

This section requires you to declare that the information you have provided above 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.**

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 name(s):

Surname:

Signature of applicant: .....

Date (DD/MM/YYYY):

Combined weight of the coffin and deceased:

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:

Signature of funeral director's representative: .....

Date (DD/MM/YYYY):

Section 7: 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: _____

Signature of crematorium staff: .....

Position: _____

Date (DD/MM/YYYY): _____