

Form A3: application for cremation following a pregnancy loss

Cremation number:

Crematorium/cremation authority address:

Time of cremation:

Date of cremation:

Baby's name (if given):

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 is a requirement of the Cremation (Scotland) Regulations 2019, made under section 48 of the Burial and Cremation (Scotland) Act 2016. 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 do so 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. 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.

As the person who is applying for the cremation, you are 'the applicant'. You must have the legal right to apply for the cremation (see guidance notes). If you are unsure about any of the information that is required, or are not sure what certain parts of the form mean, you should speak to the funeral director who is making the arrangements, staff at the crematorium where the cremation is to take place, or to any other person who is arranging the funeral.

It is not a requirement to use the services of a funeral director but where one is being used the funeral director should sign the relevant part of section 4. Guidance notes are provided at the end of this form.

Change of crematorium

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

Personal details of individuals contained in this form are not to be used for any other purpose.

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 purpose of carrying out the cremation and the handling of ashes. It will not be shared with any third party. 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.

Forms checklist

You should ensure that you have attached any necessary documents to this application form. The cremation authority will need to have them to allow the cremation to take place (please tick as appropriate).

Required

Medical certificate of pregnancy loss

OR

Health Authority/medical practitioner confirmation that the pregnancy has ended.

Optional

Form E1 (if Procurator Fiscal has been involved and has released the remains for cremation) (see Note 2 of the guidance notes).

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. Please see Note 1 of the guidance notes for who can apply.

Applicants MUST be 16 years of age or older to apply for a cremation. Applicants may be under the age of 16 if they are the woman of the baby who experienced loss, however, 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: 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

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

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

If the Procurator Fiscal (PF) has investigated the pregnancy loss, the cremation cannot take place until the PF has given approval. More information about the involvement of the PF is provided at Note 2 in the guidance notes (please tick boxes below as applicable).

Has the pregnancy loss been investigated by the procurator fiscal?	Yes	No
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 e.g. 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
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Is there a cardiac pacemaker or any other potentially explosive device currently present? (see the guidance notes for examples)	Yes	No
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Is there radioactive material or other hazardous implant currently present?	Yes	No
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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: 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 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 (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:

Company name and address of funeral director:

Postcode:

Signature of funeral director's representative:

Date (DD/MM/YYYY):

Section 5: Disposal of ashes

This section is used to record what is to happen to the ashes after cremation. You must choose only one option. Please tick the box and then initial beside the option you have chosen. Options will vary at each crematorium. Please see Note 5 of the guidance notes. Please discuss with the funeral director the options available for ashes at your chosen crematorium or visit the crematorium's website. **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.**

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 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 (please see Note 5 of the guidance notes for further information).

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.

D. 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 cremulation; what you want done with any metal remaining after cremation).

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 (as outlined in the checklist on this form) to allow the cremation to take place if any document is still missing, please contact the applicant or their funeral director.

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

I confirm that I approve this application for cremation.

Date (DD/MM/YYYY):

Name of crematorium staff:

Signature of crematorium staff:

Position: