

Form A1: application for cremation of an adult or a child

Cremation number:

Crematorium/cremation authority address:

Time of cremation:

Date of cremation:

Name of the deceased:

This form must be used to apply for the cremation of an adult or a child. This is a requirement of the Cremation (Scotland) Regulations 2019, made under section 48 of the Burial and Cremation (Scotland) Act 2016. **An adult is someone who is 16 years old or older at the time of death. A child is someone under 16 at the time of death.**

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. If this form has not been completed correctly or is incomplete, the cremation authority will contact you to complete the form before the cremation can 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 (see guidance notes for this form). 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 must sign the relevant part of section 4 of this form. 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 A1 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 needs to have them in order for the cremation to take place (please tick as appropriate).

Death in Scotland:

Form 14 – Certificate of Registration of Death.

Form E1 (if procurator fiscal has been involved and has released the remains for cremation) (see section 2).

Death in England or Wales:

Certificate of Registration (England and Wales certificate authorising burial or cremation).

Form 4 (The Medical Certificate) and Form 5 (Confirmatory Medical Certificate) to be completed by a doctor in England OR a Form 6 (Certificate of Coroner).

Form 103 (Permission to move out of England or Wales Form) is required from the coroner.

Death in Northern Ireland:

Belfast Crematorium Form B (The Medical Certificate) and Form C (which verifies the information in Form B) are required, to be completed by a doctor in Northern Ireland OR a Form 20a (Coroner's Authority for Cremation).

Form 18 (Coroner's Certificate for Removal of a Body out of Northern Ireland) provided by coroner.

Belfast City Council Form, providing information on whether a hazardous implant is present and whether it has been removed. This must be completed by the doctor who completes Form B or by the coroner.

Certificate of Registration of Death (Form 14 equivalent) and authorisation to remove the body.

Death abroad

Healthcare Improvement Scotland (HIS) authorisation form.

(please note: HIS require all paperwork which is returned with the deceased, this may include a police post mortem report, police reports, embalming certificate, death registration documents and shipping documents).

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

Applicants **MUST** be 16 years of age or older on the date the deceased died to apply for cremation. Applicants may be under the age of 16 if they are the parent of the child who has died, 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:

Relationship to deceased adult:

This question is only to be completed for a child who has died (Please tick the relevant box below)

I am the parent of the child who has died

I am authorised to make the application in respect of the child who has died

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

Section 3: 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 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 it 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
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Is there a cardiac pacemaker or any other potentially explosive device currently present in or on the body? (see the guidance notes for examples)	Yes	No
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Is there radioactive material or any other hazardous implant currently present in or on the body?	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 fully understand the option that I have chosen.

Signature of applicant:

Date (DD/MM/YYYY):

Combined weight of the coffin and deceased:
(complete if no funeral director involved):

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 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:

Company name and address of funeral director:

Postcode:

Combined weight of the coffin and deceased:

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 in the guidance notes. For more information you can 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 the box and metals will be returned to you within the cremated remains or separately from them (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. splitting ashes, 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: