

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

Cremation number:

Crematorium/cremation authority address:

Time of cremation:

Date of cremation:

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

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.

## 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):

## 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.

## Section 1: Application for cremation of pregnancy loss by a health authority or body

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.

Container number:

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

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:

Organisation:

Address:

Postcode:

Telephone:

## **Section 2: 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.

Cremation number:

I confirm that all relevant sections of Form A4 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: