SCOTTISH STATUTORY INSTRUMENTS

2025 No. 360

BURIAL

CREMATION

DISPOSAL OF HUMAN REMAINS

The Burial and Cremation (Applications and Registers) (Miscellaneous Amendment) (Scotland) Regulations 2025

Made - - - -	*20th November 2025*
Laid before the Scottish Parliament	*24th November 2025*
Coming into force - -	*2nd March 2026*

The Scottish Ministers make the following Regulations in exercise of the powers conferred by sections 8(2), 48(2), 57(1) and (2) and 106(1) of the Burial and Cremation (Scotland) Act 2016(**a**) and all other powers enabling them to do so.

In accordance with section 104(1) and (4) of that Act they have consulted burial authorities, cremation authorities and such other persons as they consider appropriate.

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the Burial and Cremation (Applications and Registers) (Miscellaneous Amendment) (Scotland) Regulations 2025 and come into force on 2 March 2026.

(2) In these Regulations—

"the Burial Applications Regulations" means the Burial (Applications and Register) (Scotland) Regulations 2024(**b**),

"the Cremation Regulations" means the Cremation (Scotland) Regulations 2019(**c**).

Amendment of regulation 8 of the Cremation (Scotland) Regulations 2019

2. In regulation 8(3) (application for cremation) of the Cremation Regulations, for sub-paragraphs (a) to (h) substitute—

"(a) the cremation of an adult or child (other than an application made by a local authority) must—

(**a**) 2016 asp 20. For the purposes of section 57(1), "prescribed" means prescribed by the Scottish Ministers by regulations (see section 107(1)).
(**b**) S.S.I. 2024/334.
(**c**) S.S.I. 2019/36.

(i) be in the form set out in schedule 1,

(ii) contain the information specified in sections 1 to 5 of that form,

(iii) be accompanied by the relevant documentation specified in that form,

(b) the cremation of a still-born child must—

(i) be in the form set out in schedule 2,

(ii) contain the information specified in sections 1 to 5 of that form,

(iii) be accompanied by the relevant documentation specified in that form,

(c) the cremation of a fetus, where an individual is making arrangements for the cremation of the fetus, must—

(i) be in the form set out in schedule 3,

(ii) contain the information specified in sections 1 to 5 of that form,

(iii) be accompanied by the relevant documentation specified in that form,

(d) the cremation of a fetus, where a person other than an individual is making arrangements for the cremation under Part 3 of the Act(**a**), must—

(i) be in the form set out in schedule 4,

(ii) contain the information specified in sections 1 to 3 of that form,

(iii) be accompanied by the relevant documentation specified in that form,

(e) the cremation of an adult or child made by a local authority by virtue of section 87 (burial, cremation or hydrolysis: duty of local authority) of the Act(**b**) must—

(i) be in the form set out in schedule 5,

(ii) contain the information specified in sections 1 to 6 of that form,

(iii) be accompanied by the relevant documentation specified in that form,

(f) the cremation of a body part or parts following a post-mortem examination (other than a post-mortem examination carried out for the purposes of the functions, or under the authority, of the procurator fiscal) must—

(i) be in the form set out in schedule 6,

(ii) contain the information specified in sections 3 and 4 of that form,

(iii) be accompanied by the relevant documentation specified in that form,

(g) the cremation of a body, body part or body parts following anatomical examination where authority was given under section 4(2) (lawful examinations) or section 4A(1) (lawful examinations: imported bodies) of the Anatomy Act 1984(**c**) for the person's body to be used for anatomical examination must—

(i) be in the form set out in schedule 6,

(ii) contain the information specified—

(aa) for the cremation of a whole body, in sections 1 and 4 of that form, or

(bb) for the cremation of a body part or body parts, in sections 2 and 4 of that form, and

(iii) be accompanied by the relevant documentation specified in that form,

(h) the cremation of a body part or parts following anatomical examination where the deceased died before 14 February 1988 must—

(i) be in the form set out in schedule 7,

(ii) contain the information specified in sections 1 and 2 of that form.".

(**a**) Part 3 was amended by S.S.I. 2026/XXX.

(**b**) Section 87 was amended by S.S.I. 2026/XXX.

(**c**) There are amendments to section 4 that are not relevant to this instrument. Section 4A was inserted by section 53(6) of the Human Tissue (Scotland) Act 2006 (asp 4).

Amendment of regulation 15 of the Cremation (Scotland) Regulations 2019

3.—(1) Regulation 15 (cremation register) of the Cremation Regulations is amended in accordance with this regulation.

(2) For sub-paragraphs (a) to (c) of paragraph (1) substitute—

"(a) for the cremation of an adult or child, contain the information specified in schedule 9 (cremation register – whole bodies),

(b) for the cremation of a body part, or body parts, contain the information specified in schedule 10 (cremation register – body parts),

(c) for the cremation of a fetus or still-born child, contain the information specified in schedule 11 (cremation register – stillbirth and pregnancy loss).".

(3) In paragraph (3) for "each" in both places where it occurs, substitute "the".

Amendment of schedules of the Cremation (Scotland) Regulations 2019

4.—(1) The schedules of the Cremation Regulations are amended in accordance with this regulation.

(2) For Form A1 in schedule 1 (application form for the cremation of adult or child), substitute the Form A1 in schedule 1 (cremation applications – new form A1) of these Regulations.

(3) For Form A2 in schedule 2 (application form for the cremation of a stillborn baby), substitute the Form A2 in schedule 2 (cremation applications – new form A2) of these Regulations.

(4) For Form A3 in schedule 3 (application form for the cremation of a pregnancy loss on or before 24 weeks) , substitute the Form A3 in schedule 3 (cremation applications – new form A3) of these Regulations.

(5) For Form A4 in schedule 4 (application form for the cremation of a pregnancy loss on or before 24 weeks: health authority or body arranged cremation), substitute the Form A4 in schedule 4 (cremation applications – new form A4) of these Regulations.

(6) For Form A5 in schedule 5 (application form for the cremation of an adult or child: local authority application under section 87), substitute the Form A5 in schedule 5 (cremation applications – new form A5) of these Regulations.

(7) For Form A6 in schedule 6 (application form for the cremation of body parts following post-mortem examination or a whole body or body parts following anatomical examination), substitute the Form A6 in schedule 6 (cremation applications – new form A6) of these Regulations.

(8) For Form A7 in schedule 7 (application form for the cremation of body parts following anatomical examination where the deceased died before 14 February 1988), substitute the Form A7 in schedule 7 (cremation applications – new form A7) of these Regulations.

(9) For schedule 9 (cremation register – whole bodies), substitute the schedule 9 in schedule 8 (cremation register – whole bodies) of these Regulations.

(10) For schedule 10 (cremation register – body parts), substitute the schedule 10 in schedule 9 (cremation register – body parts) of these Regulations.

(11) For schedule 11 (cremation register – stillbirth and pregnancy loss), substitute the schedule 11 in schedule 10 (cremation register – stillbirth and pregnancy loss) of these Regulations.

Cremation applications: transitional provision

5.—(1) This regulation applies where—

(a) an application for cremation is submitted to a cremation authority before 2 March 2026, and

(b) the cremation has not taken place before 2 March 2026.

(2) The Cremation Regulations continue to have effect as if the amendments in the following provisions of these Regulations had not been made—

(a) regulation 2,

(b) regulation 4(2) to (8).

Cremation register: transitional provision

6. The Cremation Regulations continue to have effect in relation to cremations that take place prior to 2 March 2026 as if the amendments in the following provisions of these Regulations had not been made—

(a) regulation 3,

(b) regulation 4(9) to (11).

Amendment of regulation 3 of the Burial (Applications and Register) (Scotland) Regulations 2024

7. In regulation 3(2)(a)(v) (application for burial) of the Burial Applications Regulations—

(a) before "the body" where it first occurs, insert "where",

(b) omit "by" where it first occurs.

Amendment of schedules of the Burial (Applications and Register) (Scotland) Regulations 2024

8.—(1) The Burial Applications Regulations are amended in accordance with this regulation.

(2) In schedule 1, for Form BF1 substitute the form BF1 in schedule 11 (burial applications – new form BF1) of these Regulations.

(3) In schedule 2, for Form BF2 substitute the form BF2 in schedule 12 (burial applications – new form BF2) of these Regulations.

(4) In schedule 3, for Form BF3 substitute the form BF3 in schedule 13 (burial applications – new form BF3) of these Regulations.

(5) In schedule 4, for Form BF4 substitute the form BF4 in schedule 14 (burial applications – new form BF4) of these Regulations.

(6) In schedule 5, for Form BF5 substitute the form BF5 in schedule 15 (burial applications – new form BF5) of these Regulations.

(7) In schedule 6, for Form BF6 substitute the form BF6 in schedule 16 (burial applications – new form BF6) of these Regulations.

(8) In schedule 7, for Form BF7 substitute the form BF7 in schedule 17 (burial applications – new form BF7) of these Regulations.

Burial applications: transitional provision

9.—(1) This regulation applies where—

(a) an application for burial is submitted to a burial authority before 2 March 2026, and

(b) the burial has not taken place before 2 March 2026.

(2) The Burial Applications Regulations continue to have effect in relation to the carrying out of the burial as if the amendments in regulation 8 of these Regulations had not been made.

JENNI MINTO
Authorised to sign by the Scottish Ministers

St Andrew's House,
Edinburgh
20th November 2025

SCHEDULE 1

Regulation 4(2)

CREMATION APPLICATIONS – NEW FORM A1

Form A1: Application for cremation of an adult or a child	
Crematorium / Cremation authority:	Cremation number:
	Cremation authority registration number:
Name of deceased	
Time of cremation	
Date of cremation	

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 form must be used to apply for the cremation of an adult or a child. 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. As the person who is applying for the cremation, you are 'the applicant' and must have the legal right to apply for the cremation. If it is necessary to change crematorium for any reason a new Form A1 should be completed.

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 you are unsure about what information is required, or what any part of the form means, you can speak to the funeral director who is making the arrangements, staff at the crematorium, or 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 5 of this form.

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 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.

Required Documents

You should ensure that you have attached all required documents to this application form. The cremation authority must have them for the cremation to take place. Different documents are required depending on whether the death occurred in Scotland, England or Wales, Northern Ireland or abroad. A Form E1 is required if the procurator fiscal investigated the death. 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. 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.

Applicants must be 16 years of age or older on the date the deceased died to apply for cremation, except if the applicant is the parent of the child who has died. If you are the parent and are under 16, 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

This question is only to be completed for an adult who has died

What is your relationship to the adult who has died?

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 2: Information about the adult or child who has died

Details of the adult / child who has died

Title	Sex (*please delete as applicable*)
	Male/Female

First name(s) (*including any middle names*)

Surname

Name as shown on 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) ☐☐☐☐ ☐☐☐☐

Place of death

Death abroad

If the death occurred outside the UK you will need to produce a copy of that country's equivalent of a certificate of death and the authorisation to remove the body from that country. Healthcare Improvement Scotland (HIS) must check all papers and will authorise the cremation.

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 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:

	Yes	No
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?		
Is there a cardiac pacemaker or any other potentially explosive device currently present in or on the body?		
Is there radioactive material or any other hazardous implant currently present in or on the body?		

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: Disposal of ashes

This section is used to record what is to happen to the ashes after cremation.

The term "ashes" means the material (other than any metal) to which human remains are reduced by cremation including the coffin and any clothing.

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.

Metals may be recycled by the cremation authority to help reduce the impact on the environment. Each cremation authority 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 - ☐

You must choose only one of the following options (A, B or C). Please tick the box and then initial beside the option you have chosen.

Options will vary at each crematorium. For more information you can discuss with the funeral director or cremation authority the options available for ashes at your chosen crematorium or visit the crematorium's website. Some cremation authorities may offer to split the ashes but you should confirm with them first if they are able to do so. If so please add details of how the ashes are to be split to the Special Instructions section below.

☐ **A. I or my representative will collect the ashes from the crematorium.**

Initials	

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.

(Name of representative _____)

☐ **B. I authorise the funeral director who arranged the cremation to collect the ashes on my behalf.**
I understand that the ashes must be collected from the funeral director within **4 weeks of them being made available.**

Initials	

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.

C.1. 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 reduction of bones to ashes, what you want done with any metal remaining after cremation).

Section 5: 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 the standard scale 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'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

Combined weight of the coffin and deceased

Signature of funeral director's representative

Date (DD/MM/YYYY)

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 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 member

Signature of crematorium staff member

Position

Date (DD/MM/YYYY)

SCHEDULE 2

Regulation 4(3)

CREMATION APPLICATIONS – NEW FORM A2

Form A2: Application for cremation of a stillborn baby	
Crematorium / Cremation authority:	Cremation number:
	Cremation authority registration number:
Name of baby (if given)	
Time of cremation	
Date of cremation	

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 form must be used to apply for the cremation of a stillborn baby. A stillborn baby is a baby delivered after 24 weeks gestation without showing any signs of life.

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. As the person who is applying for the cremation, you are 'the applicant' and must have the legal right to apply for the cremation. If it is necessary to change the crematorium for any reason a new Form A2 should be completed.

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 you are unsure about what information is required, or what any part of the form means, you can speak to the funeral director who is making the arrangements, staff at the crematorium, or 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 5 of this form.

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 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.

Required Documents

You should ensure that you have attached to this application form the certificate of registration of stillbirth and, if the procurator fiscal has been involved, you may also need to attach a Form E1. 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. 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.

Applicants must be 16 years of age or older to apply for a cremation, unless they are the parent of the baby who was stillborn. If you are the parent and are under 16, 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: Details of the stillborn baby

This section is used to record the details of the stillborn baby (please tick only one option below).

I am the parent of the baby who was stillborn ☐ (please complete sections 2a and 2c)

I have been authorised to make the application ☐ (please complete sections 2a, 2b and 2c)

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

Section 2a: Name of stillborn baby

First Name(s) (if given)

Surname

Date when baby was delivered (DD/MM/YYYY)

Sex of baby (delete as appropriate)

Male / Female / Unknown

Section 2b: Parents' details

Name of the baby's mother

Name of baby's father/parent

Address of the baby's mother

Postcode

Section 2c: Deaths investigated by the Procurator Fiscal

If the Procurator Fiscal (PF) has investigated the stillbirth, the cremation cannot take place until the PF has given approval. Please tick boxes below as applicable.

Has the stillbirth been investigated by the procurator fiscal?	Yes	☐	No	☐
If 'yes', Form E1 has been provided by the procurator fiscal.	Yes	☐	No	☐

Section 3: Hazards

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:

	Yes	No
Does the body of the baby pose a risk to public health: for example did the mother have a notifiable infectious disease or was she contaminated immediately before delivery?		
Is there a cardiac pacemaker or any other potentially explosive device currently present in or on the body of the baby?		
Is there radioactive material or any other hazardous implant currently present in or on the body of the baby?		

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: Disposal of ashes

This section is used to record what is to happen to the ashes after cremation.

The term "ashes" means the material (other than any metal) to which human remains are reduced by cremation including the coffin and any clothing.

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.

Metals may be recycled by the cremation authority to help reduce the impact on the environment. Each cremation authority 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 - ☐

You must choose only one of the following options (A, B or C). Please tick the box and then initial beside the option you have chosen.

Options will vary at each crematorium. For more information you can discuss with the funeral director or cremation authority the options available for ashes at your chosen crematorium or visit the crematorium's website. Some cremation authorities may offer to split the ashes but you should confirm with them first if they are able to do so. If so please add details of how the ashes are to be split to the Special Instructions section below.

☐ **A. I or my representative will collect the ashes from the crematorium.**

Initials	

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.

(Name of representative _____)

☐ **B. I authorise the funeral director who arranged the cremation to collect the ashes on my behalf.**
I understand that the ashes must be collected from the funeral director within **4 weeks of them being made available.**

Initials	

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**.**

C.1. 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 reduction of bones to ashes, what you want done with any metal remaining after cremation).

Section 5: 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 the standard scale 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'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 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

Funeral director's registration number

Business name and address of funeral director

Postcode

Signature of funeral director's representative	
Date (DD/MM/YYYY)	☐☐ ☐☐ ☐☐☐☐

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 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 member	
Signature of crematorium staff member	
Position	
Date (DD/MM/YYYY)	☐☐ ☐☐ ☐☐☐☐

SCHEDULE 3

Regulation 4(4)

CREMATION APPLICATIONS – NEW FORM A3

Form A3: Application for cremation of pregnancy loss	
Crematorium / Cremation authority:	Cremation number:
	Cremation authority registration number:
Name of baby (if given)	
Time of cremation	
Date of cremation	

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 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 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 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. As the person who is applying for the cremation, you are 'the applicant' and must have the legal right to apply for the cremation.

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 you are unsure about what information is required, or what any part of the form means, you can speak to the funeral director who is making the arrangements, staff at the crematorium, or 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 5 of this form.

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

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 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.

Required Documents

You should ensure that you have attached to this application form the medical certificate of pregnancy loss or health authority/medical practitioner confirmation that the pregnancy has ended. If the procurator fiscal has been involved, you may also need to attach a Form E1. 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. In 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.

Applicants MUST be 16 years of age or older to apply for a cremation, unless they are the woman who experienced the loss. If you are under 16 and experienced the loss, 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 and 2c)

Section 2a: Details of pregnancy loss

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: Details of woman who experienced the loss

Please state your relationship to the woman who experienced the loss

Name of woman who experienced the loss

Address of woman who experienced the loss

Postcode

Section 2c: Investigation by Procurator Fiscal

If the Procurator Fiscal (PF) has investigated the pregnancy loss, the cremation cannot take place until the PF has given approval.

Has the pregnancy loss been investigated by the procurator fiscal?	Yes ☐	No ☐
If 'yes', 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 – for example, 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:

	Yes	No
Is there a risk to public health: for example did the woman have a notifiable infectious disease or was she contaminated immediately before delivery?		
Is there a cardiac pacemaker or any other potentially explosive device currently present?		
Is there radioactive material or other hazardous implant currently present?		

If you answered 'yes' to the questions about a cardiac pacemaker and/or radioactive material, please give details and state whether the device was removed.

Section 4: Disposal of ashes

This section is used to record what is to happen to the ashes after cremation.

The term "ashes" means the material (other than any metal) to which human remains are reduced by cremation including the coffin and any clothing.

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.

Metals may be recycled by the cremation authority to help reduce the impact on the environment. Each cremation authority 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 - ☐

You must choose only one of the following options (A, B or C). Please tick the box and then initial beside the option you have chosen.

Options will vary at each crematorium. For more information you can discuss with the funeral director or cremation authority the options available for ashes at your chosen crematorium or visit the crematorium's website. Some cremation authorities may offer to split the ashes but you should confirm with them first if they are able to do so. If so please add details of how the ashes are to be split to the Special Instructions section below.

☐ **A. I or my representative will collect the ashes from the crematorium.**

Initials	

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.

(Name of representative _____)

☐ **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.

C.1. 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 (must be in a location agreed with the cremation authority):
_____

Special Instructions

Section 5: 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 the standard scale 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'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 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

Funeral director's registration number

Business name and address of funeral director

Postcode

Signature of funeral director's representative

Date (DD/MM/YYYY)

Section 6: Authorisation for cremation (to be completed by the cremation authority)

This section is used by the crematorium to confirm that the application is in order and that the cremation can take place.

☐ I confirm that I have seen the appropriate documentation.

☐ I confirm that all relevant sections of Form A3 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)	☐☐ ☐☐ ☐☐☐☐

SCHEDULE 4

Regulation 4(5)

CREMATION APPLICATIONS – NEW FORM A4

Form A4: Application for cremation of pregnancy loss by health authority or body (shared or individual cremation)	
Crematorium / Cremation authority:	Cremation number:
	Cremation authority registration number:
Time of cremation	
Date of cremation	

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 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.

Section 1: Authority to apply for cremation

The person applying for the cremation is 'the applicant' and must have 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

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

Container number:	
Pregnancy loss unique identifier:	

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 2b: details of shared cremation

Container number:

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

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 number:

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)

SCHEDULE 5

Regulation 4(6)

CREMATION APPLICATIONS – NEW FORM A5

Form A5: Application for cremation (by local authority)	
Crematorium / Cremation authority:	Cremation number:
	Cremation authority registration number:
Name of deceased	
Time of cremation	
Date of cremation	

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 to apply 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.

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 or to the funeral director who is making the arrangements.

The local authority applying for the cremation is 'the applicant' and must have 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 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 name(s)

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 making the application) and it appears that no arrangements have been or are being made for the remains to be buried, cremated or hydrolysed.

Section 3: Information about the person who has died

Details of the person who has died

Title	Sex (*please delete as applicable*)
	Male/Female

First name(s) (*including any middle names*)

Surname

Name as shown on coffin plate (*if different*)

Date of birth (DD/MM/YYYY) | | | | | | | | | Age (at death)_____

Religion (*if known)*

Address

Postcode

Date on which they died (or were found dead) (DD/MM/YYYY)

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 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:

	Yes	No
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?		
Is there a cardiac pacemaker or any other potentially explosive device currently present in or on the body?		
Is there radioactive material or any other hazardous implant currently present in or on the body?		

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 cremation authority 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 names	
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 member

Signature of crematorium staff member

Position

Date (DD/MM/YYYY)

SCHEDULE 6

Regulation 4(7)

CREMATION APPLICATIONS – NEW FORM A6

Form A6: Application for cremation of body parts following a hospital-arranged post mortem examination or whole body/ body parts donated for anatomical examination	
Crematorium / Cremation authority:	Cremation number:
	Cremation authority registration number:

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 form is used to apply for a cremation of:

- a whole body following an anatomical examination (where the body was donated on or after the commencement of the Anatomy Act 1984 as amended by the Human Tissue (Scotland) Act 2006 (14 February 1988));
- body parts which have been retained after an anatomical examination (where the body was donated on or after the commencement of the Anatomy Act 1984 as amended by the Human Tissue (Scotland) Act 2006 (14 February 1988)); or
- body parts which have been retained after a hospital arranged post mortem examination.

Anatomical examination

When a person bequeaths their body for anatomical examination and their remains are to be cremated after the examination, the university's Licensed Teacher of Anatomy will complete Form M(**a**) when releasing a whole body for disposal. A person authorised by the university is required to complete Form A6 to apply for the cremation.

Body Parts (anatomical examination or post mortem examination)

Some body parts may be retained after the body itself has been released for cremation. The Licensed Teacher of Anatomy, doctor or pathologist will complete Form N(**b**) releasing the body parts for disposal and a person authorised by the university or hospital must complete Form A6 to apply for the cremation.

Form M or Form N must be submitted along with Form A6 to the cremation authority.

(**a**) Certificate of Authorisation for the disposal of a body following anatomical examination under section 27A of the Registration of Births, Deaths and Marriages (Scotland) Act 1965.

(**b**) Certificate of Authorisation for the disposal of body parts following anatomical examination under section 27A of the Registration of Births, Deaths and Marriages (Scotland) Act 1965.

Hospital arranged post mortem examination

When the form authorising a hospital post mortem examination is completed by the next of kin they will complete the section for disposal of any retained organs/ body parts. Form A6 should be used by the hospital to arrange for cremation of the organs/ body parts.

The application

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.

The person applying for the cremation is 'the applicant' and has the legal right to apply for the cremation.

The ashes will be disposed of by the crematorium using their usual procedure unless instructed otherwise.

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 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.

Required Forms

You should ensure that you have attached the necessary documents to this application form. The cremation authority will need to have them to allow the cremation to take place.

Please tick next to the forms that are included with this application.

☐ Certificate of Registration of Death (**Form 14**)

☐ Certificate of authorisation for disposal of a body following anatomical examination **Form M**).

OR

☐ Certificate of authorisation for disposal of body parts following a post mortem examination or anatomical examination (**Form N**).

Application for cremation – details of the deceased

Complete the declaration at section 4 and one of the following sections:

- Section 1 – cremation of a **whole body** after **anatomical examination**.
- Section 2 – cremation of **body parts** retained following **anatomical examination**.
- Section 3 – cremation of **body parts** retained following a **hospital arranged post-mortem examination**.

Section 1: Application for cremation of a whole body following anatomical examination

I confirm that the body described below was donated to

(*University Name*_____) on or after the commencement of the Anatomy Act 1984 (14 February 1988).

Details of the deceased

Title

Sex (please delete as applicable)

Male / Female

First name(s) (including any middle names)

Surname

Date of birth (DD/MM/YYYY)

Age (at death)

Address

Postcode

Date on which they died (or were found dead) (DD/MM/YYYY)

Place of death

I , _____ (*Licensed Teacher of Anatomy/other authorised person**) confirm on behalf of

_____(*name of authority lawfully retaining the body*) that there is no reason for any further inquiry or examination concerning the body detailed above and attach Form M confirming that it is now released for disposal and may be cremated.

I confirm that, to the best of my knowledge and belief, no implants or hazards remain in or on the body

* *The university may authorise a suitable person to complete Form A6 (such as a bequest co-ordinator).*

Section 2: Application for cremation of body parts following anatomical examination

I , _____ (*Licensed Teacher of Anatomy/ authorised person**) confirm on behalf of _____ _____ (*name of authority lawfully retaining the body parts*) that there is no reason for any further inquiry or examination concerning the body parts listed on Form N. I confirm they are now released for disposal and may be cremated.
I confirm that, to the best of my knowledge and belief, no implants or hazards remain in or on the body part(s).

I confirm that the body part(s) described on Form N was/were retained from body/ bodies which was/were donated to_____ *(University Name)* on or after the commencement of the Anatomy Act 1984 (14 February 1988).

* *The university may authorise a suitable person to complete Form A6 (such as a bequest co-ordinator).*

Section 3: Application for cremation of body parts following a hospital arranged post mortem examination

I , _____ (*Doctor / Pathologist/ authorised person**) confirm on behalf of _____ (*name of authority lawfully retaining the body parts*) that there is no reason for any further inquiry or examination concerning the body parts listed on Form N. I confirm they are now released for disposal and may be cremated.
I confirm that, to the best of my knowledge and belief, no implants or hazards remain in or on the body part(s).
I confirm that the body part(s) described on Form N was/were retained from the body of the deceased following a hospital arranged post-mortem examination.

* *The hospital may authorise a suitable person to complete Form A6.*

Section 4: Declaration

I declare that I have the legal right to apply for this cremation. To the best of my knowledge and belief, all the information given in this application is correct, no information has been omitted and authorisation for the disposal has been obtained.

Signature of applicant	
Date (DD/MM/YYYY)	
Organisation	

Business address

Postcode

Section 5: 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 seen the appropriate documentation.

☐ I confirm that all relevant sections of Form A6 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)

SCHEDULE 7

Regulation 4(8)

CREMATION APPLICATIONS – NEW FORM A7

Form A7: Application for cremation of body parts donated in Scotland for anatomical examination or teaching before the commencement of the Anatomy Act 1984 (14 February 1988)	
Crematorium / Cremation authority:	Cremation number:
	Cremation authority registration number:

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 form is used to apply for cremation of body parts which were donated in Scotland for anatomical examination or teaching before commencement of the Anatomy Act 1984 (14 February 1988). This application must be signed by the person authorised to make the application for cremation.

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.

The ashes will be disposed of by the crematorium using their usual procedure unless instructed otherwise.

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 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.

Remains which cannot be cremated

Where the body parts are in such a condition that means they are unable to be cremated the cremation authority may refuse to accept them and return them to the applicant for an alternative method of disposal (e.g. burial).

Section 1: Application for cremation of body parts donated in Scotland for anatomical examination or teaching before the commencement of the Anatomy Act 1984 (14 February 1988)

I, _____(*name of Licensed Teacher of Anatomy/authorised person**)

at _____ (*university name*) request that the body parts(s) described below is/are cremated.

I confirm that the body part(s) described below were donated to or acquired by _____ *(university name)* before the commencement of the Anatomy Act 1984 (14 February 1988).

**The university may authorise a suitable person to apply for the cremation and complete Form A7 (such as a bequest co-ordinator).*

Anatomy reference no.	**Parts for disposal**

Section 2: Declaration

I declare that I have the legal right to apply for this cremation. To the best of my knowledge and belief, all the information given in this application is correct, no information has been omitted and that authorisation for the disposal has been obtained.

Signature of Applicant _____ Date _____

University

Address

Postcode

Telephone

Section 3: 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 A7 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)	☐☐ ☐☐ ☐☐☐☐

SCHEDULE 8 Regulation 4(9)

CREMATION REGISTER – WHOLE BODIES

"SCHEDULE 9 Regulation 15(1)(a)

CREMATION REGISTER – WHOLE BODIES

1. Crematorium at which the cremation was carried out.

2. Cremation authority.

3. Cremation number.

4. Date of the cremation.

5. Name of the deceased.

6. Sex of the deceased.

7. Date of birth of the deceased.

8. Date of death of the deceased.

9. What happened to the ashes.

10. Name and contact details of funeral director (if used)."

SCHEDULE 9 Regulation 4(10)

CREMATION REGISTER – BODY PARTS

"SCHEDULE 10 Regulation 15(1)(b)

CREMATION REGISTER – BODY PARTS

1. Crematorium at which the cremation was carried out.

2. Cremation authority.

3. Cremation number.

4. Date of the cremation.

5. Name of the deceased.

6. Sex of the deceased.

7. Date of birth of the deceased.

8. Date of death of the deceased.

9. Body parts being cremated.

10. Date and place of burial, cremation or hydrolysis of body (if applicable).

11. What happened to the ashes.

12. Name and contact details of funeral director (if used)."

SCHEDULE 10 Regulation 4(11)

CREMATION REGISTER – STILLBIRTH AND PREGNANCY LOSS

"SCHEDULE 11 Regulation 15(1)(c)

CREMATION REGISTER – STILLBIRTH AND PREGNANCY LOSS

1. Crematorium at which the cremation was carried out.

2. Cremation authority.

3. Cremation number.

4. Date of the cremation.

5. Type of cremation (pregnancy loss or still birth).

6. Name of the baby (if given).

7. Where the cremation is applied for by a health authority—

(a) unique identification number given by the health authority,

(b) name and business address of applicant.

8. Whether ashes were recovered and if so, what happened to them.

9. Name and contact details of funeral director (if used)."

SCHEDULE 11

Regulation 8(2)

BURIAL APPLICATIONS – NEW FORM BF1

Form BF1

Application for the burial of the remains of an adult or child

Burial authority logo and/or address:	Burial number [official use only]:
	Burial authority registration number:
Burial ground	
Full name of deceased	
Day and date of burial	
Time of service	

This is a statutory form made under regulation 3 of the Burial (Applications and Register) (Scotland) Regulations 2024 and the information and questions contained in it should not be changed.

This form must be used to apply for the burial of the remains of an adult or child in Scotland. The application is made to the burial authority you want to carry out the burial. The burial authority is the organisation responsible for managing the burial ground where the burial is to take place.

As the person who is applying for the burial, you are 'the applicant'. You must have the legal right to apply for the burial.

The burial authority will need to check the form to make sure it contains all of the necessary information. Missing or inaccurate information may result in the burial being delayed or refused. If you are unsure about what information is required, or what any part of the form means, you can speak to the funeral director who is making the arrangements, staff at the burial authority or to any other person who is arranging the funeral. It is not a requirement to use the services of a funeral director to arrange a burial but where one is being used, the funeral director must sign the relevant part of this form.

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 burial authority. It will be held securely, in confidence and processed solely for 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 burial, if requested. You have the right to know what data is held about you and you can, by contacting the burial authority in writing, receive a copy of that data. The burial 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.

Accompanying documents

You should ensure that you have attached all required documents to this application form based on where the death occurred. The burial authority needs to have them for the burial to take place. Different documents are required depending on whether the death occurred in Scotland, England or Wales, Northern Ireland or abroad. See the Guidance Notes(**a**) for more information.

Section 1: Your information 'the applicant'
This section is used to record your details. In completing this form you are the applicant for the burial. Applicants must be 16 years of age or older on the date the deceased died to apply for the burial. 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	
Full name	
Address	
Postcode	
Telephone number	
Email address	
Relationship to the deceased	

Section 2: Information about the person who died

Title	
Full name	
Name used on coffin plate (*if different*)	
Date of birth (DD/MM/YYYY)	
Death of death (DD/MM/YYYY)	
Age at death	
Address	
Postcode	
If remains are cremated, date and place of cremation (if known)	
If remains are hydrolysed, date and place of hydrolysis (if known)	

(**a**) https://www.gov.scot/publications/burial-statutory-forms/

Section 3: Burial details

Name of burial ground	
Burial ground address and postcode	
Type of burial	☐ Coffin burial ☐ Ashes (from cremation) ☐ Powder (from hydrolysis)
Type of lair[(a)]	☐ New lair …… ☐ Existing lair, but no previous burial *Please describe location in burial ground (e.g. section and lair number)* …… ☐ Existing lair which contains a previous burial *Please describe location in burial ground (e.g. section and lair number) and give details of last burial (deceased name and date of burial)* ……
Is this a war grave?	☐ Yes ☐ No
If yes, have you contacted the Commonwealth War Graves Commission and/or the Ministry of Defence? Please briefly summarise any discussion here.	
Any other requests or instructions?	

[(a)] A lair is a Scottish term for a burial plot or grave.

Section 4: Hazards
This section is used to record details of anything which might be a public health hazard or have an environmental impact on groundwater. You do not need to complete this section for ashes/ powder.

Are you aware if any of the following apply:

Does the body of the deceased 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

Are there implant(s) present in the deceased?
☐ Yes ☐ No

Is there radioactive material or any other hazardous implant currently present in the deceased?
☐ Yes ☐ No

Is the deceased chemically embalmed (e.g. formaldehyde present)?
☐ Yes ☐ No

If you answered 'yes' to the questions above about implants and/or radioactive material, please give details and state whether the device has been removed.

Section 5: Applicant's declaration

5.1: Authority to open lair for burial

Please tick:

☐ I am the registered lair right-holder
☐ I am purchasing a new lair and wish to be registered as the lair right-holder
☐ The lair right-holder is deceased[(a)]
Name of lair right-holder ……
Relationship of lair right-holder to deceased ……

☐ I am the representative or nearest relative of the deceased, but not the lair-right holder[(b)]
Name of lair right-holder ……
Relationship of lair right-holder to deceased ……..

Any other information:

[(a)] If the lair right-holder is deceased, the burial authority may require you to sign an indemnity or complete a transfer of the right of burial. Please contact the burial authority separately to complete the process.
[(b)] If you are the nearest relative or representative of the deceased, but not the lair right-holder, you will require their permission to open the lair and written consent must be submitted with your application.

5.2: Declaration of entitlement to apply for burial

This section requires you to declare that the information you have provided in this form is true to the best of your knowledge and that you are entitled to apply for this burial. It is an offence to knowingly provide false information and if you do so you may be liable on summary conviction to imprisonment for a term not exceeding 12 months or to a fine up to Level 3 on the standard scale.

I am entitled to apply for this burial and I hereby declare that the details and information provided in sections 1 - 5 are complete and correct to the best of my knowledge.

Signed: ……

Full Name: ……

Date: ……..

Section 6: Funeral director declaration *(if applicable)*
This section is to be completed by the funeral director if funeral directing services are used.

Coffin or casket details

Coffin/ casket material (including handles)		
Coffin/ casket shape		
External coffin/ casket measurements (in cm)	Overall length	
	Width at widest part (including any handles fully extended)	
	Width at narrowest part	
	Depth	
Combined weight of deceased and coffin (in kg)		
Any other requests or instructions?		

I declare that I have discussed the options with the applicant and know no reason why the burial cannot take place. I understand that if I become aware of anything that may mean the burial should be delayed, I must inform the burial authority and the applicant.

Signed: ……

Full Name: ……

Date: ……

Business name and address: ……..

Business email address: ……

Business telephone: ……

Funeral director registration number ……

Section 7: Authorisation for burial (to be completed by the burial authority)

Please confirm the location in the burial ground of the new or existing lair to be used for this burial (e.g. lair number/ section/ extension) ……

This section is used by the burial authority to confirm that the application is in order and that the burial can take place.

☐ I confirm that I have seen the appropriate documentation to allow the burial to take place. If any document is 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 burial.

Signed: ……..

Full Name: ……

Position: ……

Date: ……

SCHEDULE 12

Regulation 8(3)

BURIAL APPLICATIONS – NEW FORM BF2

Form BF2

Application for burial of the remains of a stillborn baby

Burial authority logo and/or address:	Burial number [official use only]:
	Burial authority registration number:
Burial ground	
Baby's name (if given)	
Day and date of burial	
Time of service	

This is a statutory form made under regulation 3 of the Burial (Applications and Register) (Scotland) Regulations 2024 and the information and questions contained in it should not be changed.

This form must be used to apply for the burial of the remains of a stillborn baby in Scotland. A stillborn baby is a baby delivered after 24 weeks gestation without showing any signs of life. The application is made to the burial authority you want to carry out the burial. The burial authority is the organisation responsible for managing the burial ground where the burial is to take place.

As the person who is applying for the burial, you are 'the applicant'. You must have the legal right to apply for the burial.

The burial authority will need to check the form to make sure it contains all of the necessary information. Missing or inaccurate information may result in the burial being delayed or refused. If you are unsure about what information is required, or what any part of the form means, you can speak to the funeral director who is making the arrangements, staff at the burial authority or to any other person who is arranging the funeral. It is not a requirement to use the services of a funeral director to arrange a burial but where one is being used, the funeral director must sign the relevant part of this form.

Accompanying documents

You should ensure that you have attached all required documents to this application form based on where the stillbirth occurred. Additional documents may be required if ashes or powder are being buried or if the procurator fiscal has been involved. The burial authority needs to have these documents for the burial to take place. See the Guidance Notes[(a)] for more information.

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 burial authority. It will be held securely, in confidence and processed solely for 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 burial, if requested. You have the right to know what data is held about you and you can, by contacting the burial authority in writing, receive a copy of that data. The burial 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.

(a) https://www.gov.scot/publications/burial-statutory-forms/

Section 1: Your information 'the applicant'
This section is used to record your details. In completing this form you are the applicant for the burial. Applicants must be 16 years of age to apply for the burial. Applicants may be under the age of 16 if they are the parent of the stillborn baby, however, you may wish to seek the support of a parent or guardian if you feel it would be helpful. If you are completing the form on behalf of a health authority please use the business address and contact details.

Title	
Full name	
Address	
Postcode	
Telephone number	
Email address	
Relationship to stillborn baby	

Section 2: Burial details

Name of burial ground	
Burial ground address and postcode	
Type of burial	☐ Coffin burial ☐ Ashes (from cremation) ☐ Powder (from hydrolysis)
Type of lair[(a)]	☐ New lair …… ☐ Existing lair, but no previous burial *Please describe location in burial ground (e.g. section and lair number)* …… ☐ Existing lair which contains a previous burial *Please describe location in burial ground (e.g. section and lair number) and give details of last burial (deceased's full name and date of burial)* ……

[(a)] A lair is a Scottish term for a burial plot or grave.

Is this a war grave?	☐ Yes ☐ No
If yes, have you contacted the Commonwealth War Graves Commission and/or the Ministry of Defence? Please briefly summarise any discussion here.	
Any other requests or instructions?	

Section 3: Application for the burial of the remains of a stillborn baby
This section is used to record the details of a stillborn baby (please tick only one option below and move to relevant section(s)).

☐ I am the parent of the baby who was stillborn (Please complete section 3A)

☐ I have been authorised to make the application (please complete sections 3A, and 3B.)

Section 3A: stillborn baby

Forename of baby (if given)	
Surname	
Date stillbirth was delivered (DD/MM/YYYY)	

Section 3B: authorisation details

What is your relationship to the baby (if you are not the parent)?	
Name of baby's mother	
Address and postcode of baby's mother	
Unique identifying number (if you are applying on behalf of a health body)	

Section 4: Hazards
This section is used to record details of anything which might be a public health hazard or have an environmental impact on groundwater. You do not need to complete this section for ashes/powder.

Are you aware if any of the following apply:

Does the body of the baby pose a risk to public health: for example did the mother have a notifiable infectious disease immediately before delivery?
☐ Yes ☐ No

Is the deceased chemically embalmed (e.g. formaldehyde present)?
☐ Yes ☐ No

Are there implant(s) present in or on the body?
☐ Yes ☐ No

Is there radioactive material currently present in or on the body?
☐ Yes ☐ No

If you answered 'yes' to the questions above about implants and/or radioactive material, please give details and state whether the device has been removed.

Section 5: Applicant's declaration and consent

5.1: Authority to open lair for burial

Please tick:
☐ I am the registered lair right-holder
☐ I am purchasing a new lair and wish to be registered as the lair right-holder
☐ The lair right-holder is deceased[(a)]
Name of lair right-holder ……
Relationship of lair right-holder to deceased ……..
☐ I am the representative or nearest relative of the deceased, but not the lair-right holder[(b)]
Name of lair right-holder ……
Relationship of lair right-holder to deceased ……..

Any other information:

[(a)] If the lair right-holder is deceased, the burial authority may require you to sign an indemnity or complete a transfer of the right of burial. Please contact the burial authority separately to complete the process.
[(b)] If you are the nearest relative or representative of the deceased, but not the lair right-holder, you will require their permission to open the lair and written consent must be submitted with your application.

5.2: Declaration of entitlement to apply for burial
This section requires you to declare that the information you have provided in this form is true to the best of your knowledge and that you are entitled to apply for this burial. It is an offence to knowingly provide false information and if you do so you may be liable on summary conviction to imprisonment for a term not exceeding 12 months or to a fine up to Level 3 on the standard scale.

I am entitled to apply for this burial and I hereby declare that the details and information provided in sections 1 - 5 are complete and correct to the best of my knowledge.

Signed: ……..

Full Name: ……

Date: ……..

Section 6: Funeral director declaration *(if applicable)*
This section is to be completed by the funeral director if services are used.

Coffin or casket details

Coffin / casket material (including handles)		
Coffin / casket shape		
External coffin / casket measurements (in cm)	Overall length	
	Width at widest part (including any handles fully extended)	
	Width at narrowest part	
	Depth	
Any other requests or instructions?		

I declare that I have discussed the options with the applicant and know no reason why the burial cannot take place. I understand that if I become aware of anything that may mean the burial should be delayed, I must inform the burial authority and the applicant.

Signed: ……

Full Name: ……

Date: ……

Business name and address: ……...

Business email address:……

Business telephone: ……...

Funeral director registration number ……

Section 7: Authorisation for burial (to be completed by the burial authority)

Please record the location in the burial ground of the new or existing lair to be used for this burial (e.g. lair number/ section/ extension) ……

Please confirm that the application is in order and that the burial can take place (please tick).

☐ I confirm that I have received the necessary documentation to allow the burial to take place. If any document is 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 burial.

Signed: ……..

Full Name: ……

Position: ……

Date: ……

SCHEDULE 13

Regulation 8(4)

BURIAL APPLICATIONS – NEW FORM BF3

Form BF3

Application for burial of the remains of a pregnancy loss in a burial ground (by individual)

Burial authority logo and/or address:	Burial number [official use only]:
	Burial authority registration number:
Burial ground	
Baby's name (if given)	
Day and date of burial	
Time of service	

This is a statutory form made under regulation 3 of the Burial (Applications and Register) (Scotland) Regulations 2024 and the information and questions contained in it should not be changed.

This form must be used to apply for the burial of the remains of a pregnancy loss in Scotland, where the loss occurred on or before the end of the 24th week of gestation and showed no signs of life. 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 due to exceptional circumstances.

The application is made to the burial authority you want to carry out the burial. The burial authority is the organisation responsible for managing the burial ground where the burial is to take place. The burial authority will need to check the form to make sure it contains all of the necessary information. Missing or inaccurate information may result in the burial being delayed or refused. If you are unsure about what information is required, or what any part of the form means, you can speak to the funeral director who is making the arrangements, staff at the burial authority or to any other person who is arranging the funeral. It is not a requirement to use the services of a funeral director to arrange a burial but where one is being used, the funeral director must sign the relevant part of this form.

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 burial authority. It will be held securely, in confidence and processed solely for 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 burial, if requested. You have the right to know what data is held about you and you can, by contacting the burial authority in writing, receive a copy of that data. The burial 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.

Accompanying documents
You should ensure that you have attached to this application form the medical certificate of pregnancy loss or health authority/medical practitioner confirmation that the pregnancy has ended. The burial authority must have these documents for the burial to take place. See the Guidance Notes[a] for more information.

Section 1: Your information 'the applicant'
This section is used to record your details. In completing this form you are the applicant for the burial. Applicants must be 16 years of age or older to apply for a burial. Applicants may be under the age of 16 if they are the woman who experienced the loss, however, you may wish to seek the support of a parent or guardian if you feel it would be helpful.

Title	
Full name	
Address	
Postcode	
Phone number	
Email address	

Section 2: Burial details

Name of burial ground	
Burial ground address and postcode	
Type of burial	☐ Coffin burial ☐ Ashes (from cremation) ☐ Powder (from hydrolysis)
Type of lair[b]	☐ New lair …… ☐ Existing lair, but no previous burial *Please describe location in burial ground (e.g. section and lair number)* …… ☐ Existing lair which contains a previous burial *Please describe location in burial ground (e.g. section and lair number) and give details of last burial (deceased name and date of burial)* ……

[a] https://www.gov.scot/publications/burial-statutory-forms/
[b] A lair is a Scottish term for a burial plot or grave.

Is this a war grave?	☐ Yes ☐ No
If yes, have you contacted the Commonwealth War Graves Commission and/or the Ministry of Defence? Please briefly summarise any discussion here.	
Any other requests or instructions?	

Section 3: Application for the burial of the remains of a pregnancy loss

This section is used to record the details of a pregnancy loss (please tick only one option below and move to relevant section(s)).

☐ I am the woman who experienced the pregnancy loss (please complete section 3A).

☐ I have been authorised to make the application (please complete sections 3A and 3B).

Section 3A: details of the pregnancy loss

Date pregnancy loss occurred (DD/MM/YYYY)	
Forename of baby (if given)	
Surname	

☐ Please tick to confirm that the midwife, registered nurse or medical professional has issued a letter or certificate to confirm that a pregnancy loss has taken place.

Section 3B: details of the woman who experienced the pregnancy loss

Please state your relationship to the woman who experienced the pregnancy loss	
Full name of the woman who experienced the pregnancy loss	
Address and postcode of the woman who experienced the pregnancy loss	

Section 4: Applicant's declaration and consent

4.1: Authority to open lair for burial

Please tick:
☐ I am the registered lair right-holder
☐ I am purchasing a new lair and wish to be registered as the lair right-holder
☐ The lair right-holder is deceased[a]
Name of lair right-holder ……..
Relationship of lair right-holder to deceased ……
☐ I am the representative or nearest relative of the deceased, but not the lair-right holder[b]
Name of lair right-holder ……
Relationship of lair right-holder to deceased ……..

Any other information:

4.2: Declaration of entitlement to apply for burial

This section requires you to declare that the information you have provided in this form is true to the best of your knowledge and that you are entitled to apply for this burial. It is an offence to knowingly provide false information and if you do so you may be liable on summary conviction to imprisonment for a term not exceeding 12 months or to a fine up to Level 3 on the standard scale.

I am entitled to apply for this burial and I hereby declare that the details and information provided in sections 1 - 5 are complete and correct to the best of my knowledge.

Signed: ……..
Full Name: ……
Date: ……..

Section 5: Funeral director declaration *(if applicable)*
This section is to be completed by the funeral director if services are used.

Casket details

Casket material (including handles)	
Casket shape	

[a] If the lair right-holder is deceased, the burial authority may require you to sign an indemnity or complete a transfer of the right of burial. Please contact the burial authority separately to complete the process.
[b] If you are the nearest relative or representative of the deceased, but not the lair right-holder, you will require their permission to open the lair and written consent must be submitted with your application.

External Casket Measurements (in cm)	Overall length	
	Width at widest part (including any handles fully extended)	
	Width at narrowest part	
	Depth	
Any other requests or instructions?		

I declare that I have discussed the options with the applicant and know no reason why the burial cannot take place. I understand that if I become aware of anything that may mean the burial should be delayed, I must inform the burial authority and the applicant.

Signed: ……

Full Name: ……

Date: ……

Business name and address: ……

……

Business email address: ……

Business telephone: ……

Funeral director registration number: ……

Section 6: Authorisation for burial (to be completed by the burial authority)

Please confirm the location in the burial ground of the new or existing lair to be used for this burial (e.g. lair number/ section/ extension)

……

Please confirm that the application is in order and that the burial can take place (please tick).

☐ I confirm that I have received the necessary documentation to allow the burial to take place. If any document is 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 burial.

Signed: ……

Full Name: ……

Position: ……

Date: ……

SCHEDULE 14

Regulation 8(5)

BURIAL APPLICATIONS – NEW FORM BF4

Form BF4

Application for burial of the remains of a pregnancy loss by health authority or body (shared or individual)

Burial authority logo and/or address:	Burial number [official use only]:
	Burial authority registration number:
Burial ground	
Full name of deceased	
Day and date of burial	
Time of service	

This is a statutory form made under regulation 3 of the Burial (Applications and Register (Scotland) Regulations 2024 and the information and questions contained in it should not be changed.

This form is used to apply for the individual or shared burial of the remains of a pregnancy loss in Scotland, where the loss occurred on or before the end of the 24th week of gestation and showed no signs of life and the loss was for any reason (i.e. termination or miscarriage).

This application must be completed and signed by the person authorised to make the application for burial. Each pregnancy loss must be identified by the hospital or clinic ID number.

The application is made to the burial authority you want to carry out the burial. The burial authority is the organisation responsible for managing the burial ground where the burial is to take place. The burial authority will need to check the form to make sure it contains all of the necessary information. Missing or inaccurate information may result in the burial being delayed or refused. If you are unsure about what information is required, or what any part of the form means, you can speak to the funeral director who is making the arrangements, staff at the burial authority or to any other person who is arranging the burial.

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 burial authority. It will be held securely, in confidence and processed solely for 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 burial, if requested. You have the right to know what data is held about you and you can, by contacting the burial authority in writing, receive a copy of that data. The burial 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 the burial of the remains of a pregnancy loss(es)

This section is used to record the details of the pregnancy loss(es) (please tick only one option below and move to relevant section(s)).

The person applying for the burial is 'the applicant' and has the legal right to apply for the burial under section 78 of the Burial and Cremation (Scotland) Act 2016.

☐ This application is for the burial of an individual pregnancy loss (complete section 1A).

☐ This application is for the shared burial of pregnancy losses (complete section 1B).

Section 1A: individual burial of pregnancy loss

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

I, …….. (print name of applicant) on behalf of …….. (organisation) as the authorised and designated person, declare that I hold paperwork relating to the pregnancy loss listed below, signed by the medical practitioner/registered nurse/ registered midwife, and that the paperwork includes a declaration that the pregnancy ended before or on completion of its 24th week and that the pregnancy loss showed no signs of life.

	Container Number	Pregnancy Loss Unique Identifier
1		

Section 1B: shared burial of pregnancy loss

I, …….. (print name) 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		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 2: Burial details

Name of burial ground	
Burial ground address and postcode	
Type of lair[(a)]	☐ New lair ☐ Existing lair, but no previous burial *Please describe location in burial ground (e.g. section and lair number)* …… ☐ Existing lair which contains a previous burial *Please describe location in burial ground (e.g. section and lair number) and give details of last burial (deceased name and date of burial)* ……
Any other requests or instructions?	

Section 3: Applicant's declaration and consent

Declaration of entitlement to apply for burial

I declare that the details and information provided in this form are complete and correct to the best of my knowledge and that authorisation for the disposal has been obtained, in accordance with Part 3 of the Burial and Cremation (Scotland) Act 2016.

Signed: ……

Full Name: ……

Date: ……

Organisation: ……

Address and postcode: ……

……

Phone number: ……

[(a)] A lair is a Scottish term for a burial plot or grave.

SCHEDULE 15

Regulation 8(6)

BURIAL APPLICATIONS – NEW FORM BF5

Application for burial of the remains of an adult or child by a local authority where they are making arrangements under section 87 of the Burial and Cremation (Scotland) Act 2016

Burial authority logo and/or address:	Burial number [official use only]:
	Burial authority registration number:

Burial ground	
Full name of deceased	
Day and date of burial	
Time of service	

This is a statutory form made under regulation 3 of the Burial (Applications and Register) (Scotland) Regulations 2024 and the information and questions contained in it should not be changed.

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

This application form must be completed by a representative of the local authority. The application is made to the burial authority which is to carry out the burial. The burial authority will need to examine the form to make sure that it contains all of the necessary information. Missing information or information the burial authority does not think is accurate may result in the burial being delayed or refused. The local authority representative applying for the burial is 'the applicant' and has the legal right to apply for the burial under section 87 of the Burial and Cremation (Scotland) Act 2016. 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 burial authority or to the funeral director who is making the arrangements.

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 burial authority. It will be held securely, in confidence and processed solely for 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 burial, if requested. You have the right to know what data is held about you and you can, by contacting the burial authority in writing, receive a copy of that data. The burial 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.

Accompanying documents

You should ensure that you have attached the necessary documents to this application form. The burial authority will need to have them to allow the burial to take place.

Please check this box to confirm that you have attached the Certificate of Registration of Death ☐

Section 1: Your information 'the applicant'
This section is used to record your details, as the representative of the local authority responsible for the burial. In completing this form you are the applicant for the burial.

Title	
Full name	
Position	
Local authority	
Business address	
Postcode	
Business telephone	
Business email address	

Section 2: Information about the person who died

Title	
Full name	
Name used on coffin plate (*if different*)	
Date of birth (DD/MM/YYYY)	
Death of death or date found dead (DD/MM/YYYY)	
Age at death	
Address	
Postcode	
Deceased's faith (if known)	
Place of death (if known)	
Name of hospital or practice where the doctor certified the death	

Section 3: Burial details

Name of burial ground	
Burial ground address and postcode	
Type of lair[(a)]	☐ New lair ☐ Existing lair, but no previous burial *Please describe location in burial ground (e.g. section and lair number)* …… ☐ Existing lair which contains a previous burial *Please describe location in burial ground (e.g. section and lair number) and give details of last burial (deceased name and date of burial)* ……

Section 4: Hazards

This section is used to record details of anything which might be a public health hazard or have an environmental impact on groundwater.

Are you aware if any of the following apply:

Does the body of the deceased 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

Are there implant(s) present in the deceased?
☐ Yes ☐ No

Is there radioactive material or any other hazardous implant currently present in the deceased?
☐ Yes ☐ No

Is the deceased chemically embalmed (e.g. formaldehyde present)?
☐ Yes ☐ No

If you answered 'yes' to the questions above, please give further details.

[(a)] A lair is a Scottish term for a burial plot or grave.

Section 5: Declaration
I declare that I have the legal right to apply for this burial. To the best of my knowledge and belief, all the information given in this application is correct, no information has been omitted and authorisation for the disposal has been obtained.

Signed: ……..

Full Name: ……

Date: ……..

Organisation: ……

Business address and postcode: ……

Business telephone: ……

Section 6: Funeral director declaration *(if applicable)*
This section is to be completed by the funeral director if funeral directing services are used.

Coffin details

Coffin material (including handles)		
Coffin shape		
External Coffin Measurements (in cm)	Overall length	
	Width at widest part (including any handles fully extended)	
	Width at narrowest part	
	Depth	
Combined weight of deceased and coffin (in kg)		
Any other requests or instructions?		

I declare that I have discussed the options with the applicant and know no reason why the burial cannot take place. I understand that if I become aware of anything that may mean the burial should be delayed, I must inform the burial authority and the applicant.

Signed: ……...

Full Name: ……

Date: ……..

Business name and address: ……

Business email address: ……

Business telephone: ……

Funeral director registration number: ……

Section 7: Authorisation for burial (to be completed by the burial authority)

Please confirm the location in the burial ground of the new or existing lair to be used for this burial (e.g. lair number/ section/ extension) ……

Please confirm that the application is in order and that the burial can take place (please tick).

☐ I confirm that I have received the necessary documentation to allow the burial to take place. If any document is 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 burial.

Signed: ……

Full Name: ……

Position: ……

Date: ……

SCHEDULE 16

Regulation 8(7)

BURIAL APPLICATIONS – NEW FORM BF6

Form BF6

Application for burial in a burial ground of whole body/body parts donated for anatomical examination on or after the date of commencement of the Anatomy Act 1984

<table>
<tr><td colspan="2" rowspan="4">Burial authority logo and/or address:</td><td>Burial number [official use only]:</td></tr>
<tr><td></td></tr>
<tr><td>Burial authority registration number:</td></tr>
<tr><td></td></tr>
<tr><td>Burial ground</td><td colspan="2"></td></tr>
<tr><td>Day and date of burial</td><td colspan="2"></td></tr>
<tr><td>Time of burial</td><td colspan="2"></td></tr>
</table>

This is a statutory form made under regulation 3 of the Burial (Applications and Register) (Scotland) Regulations 2024 and the information and questions contained in it should not be changed.

This form is used to apply for a burial of:

(a) a whole body following an anatomical examination (where the body was donated on or after the commencement of the Anatomy Act 1984 (14 February 1988)); or

(b) body parts which have been retained after an anatomical examination (where the body was donated on or after the commencement of the Anatomy Act 1984 (14 February 1988)).

As the person who is applying for the burial, you are 'the applicant'. You must have the legal right to apply for the burial. The application is made to the burial authority which is to carry out the burial. The burial authority will need to check the form to make sure it contains all of the necessary information. Missing or inaccurate information may result in the burial being delayed or refused. If you are unsure about what information is required, or what any part of the form means, you can speak to the funeral director who is making the arrangements, staff at the burial authority or to any other person who is arranging the funeral.

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 burial authority. It will be held securely, in confidence and processed solely for 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 burial, if requested. You have the right to know what data is held about you and you can, by contacting the burial authority in writing, receive a copy of that data. The burial 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.

Accompanying documents

You should ensure that you have attached all required documents to this application form. The burial authority needs to have them for the burial to take place. See the Guidance Notes(**a**) for more information.

Section 1: Burial details

Name of burial ground	
Burial ground address and postcode	
Type of burial	☐ Full coffin burial ☐ Other casket (body part)
Type of lair(**b**)	☐ New lair ☐ Existing lair but no previous burial *Please describe location in burial ground (e.g. section and lair number)* …… ☐ Existing lair which contains a previous burial *Please describe location in burial ground (e.g. section and lair number) and give details of last burial (deceased name and date of burial)* ……
Any other requests or instructions?	

Section 2: Information about the deceased

Please complete one of the following sections, then the remainder of the form:

Section 2A – burial of a whole body following anatomical examination.
Section 2B – burial of body parts following anatomical examination.

(**a**) https://www.gov.scot/publications/burial-statutory-forms/
(**b**) A lair is a Scottish term for a burial plot or grave.

Section 2A: application for burial of a whole body following anatomical examination

I confirm that the body described below was donated to …….. (university name) on or after the commencement of the Anatomy Act 1984 (14 February 1988).

Information about the deceased	
Title	
Full name	
Name used on coffin plate (*if different*)	
Date of birth (DD/MM/YYYY)	
Death of death (DD/MM/YYYY)	
Age at death	
Address	
Postcode	

I ……., (licensed person/ other authorised person[a] confirm on behalf of …… (name of Authority lawfully retaining the body) that there is no reason for any further inquiry or examination concerning the body detailed above.

Section 2B: application for burial of body parts following anatomical examination

I …… (licensed person/ authorised person) confirm on behalf of …… (name of authority lawfully retaining the body parts) that there is no reason for any further inquiry or examination concerning the body parts.

I confirm they are now released for disposal and may be buried. I confirm that the body part(s) were retained from a body/bodies which was/were donated to …… …….. (university name) under the Anatomy Act 1984.

Section 3: Declaration

I declare that I have the legal right to apply for this burial. To the best of my knowledge and belief, all the information given in this application is correct, no information has been omitted and authorisation for the disposal has been obtained.

Signed: ……..

Full Name: ……

Date: ……..

Organisation: ……

Business address and postcode: ……

Business telephone: ……

[a] The university may authorise a suitable person to complete this form (such as a Bequest Co-ordinator).

Section 4: Funeral director declaration *(if applicable)*
This section is to be completed by the funeral director if funeral directing services are used.

Coffin or casket details

Coffin/ casket material (including handles)		
Coffin/ casket shape		
External Coffin/ casket Measurements (in cm)	Overall length	
	Width at widest part (including any handles fully extended)	
	Width at narrowest part	
	Depth	
Combined weight of deceased and coffin (in kg)		
Any other requests or instructions?		

I declare that I have discussed the options with the applicant and know no reason why the burial cannot take place. I understand that if I become aware of anything that may mean the burial should be delayed, I must inform the burial authority and the applicant.

Signed: ……

Full Name: ……

Date: ……..

Business name and address: ……

Business email address: ……

Business telephone: ……

Funeral director registration number: ……

Section 5: Authorisation for burial (to be completed by the burial authority)

Please confirm the location in the burial ground of the new or existing lair to be used for this burial (e.g. lair number/ section/ extension) ……..

This section is used by the burial authority to confirm that the application is in order and that the burial can take place.

☐ I confirm that I have seen the appropriate documentation to allow the burial to take place. If any document is 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 burial.

Signed: ……..

Full Name: ……

Position: ……

Date: ……

SCHEDULE 17

Regulation 8(8)

BURIAL APPLICATIONS – NEW FORM BF7

Form BF7

Application for burial in a burial ground of body parts donated in Scotland and in the possession of a person licensed under section 3(2) of the Anatomy Act 1984 before the commencement of that Act or where the date of death is not known or is before 14 February 1988.

Burial authority logo and/or address:	Burial number [official use only]:
	Burial authority registration number:
Burial ground	
Day and date of burial	
Time of burial	

This is a statutory form made under regulation 3 of the Burial (Applications and Register) (Scotland) Regulations 2024 and the information and questions contained in it should not be changed.

This form is used to apply for the burial of body parts which were:
(a) donated to a Scottish university for anatomical examination or teaching before commencement of the Anatomy Act 1984 (donation and death before 14 February 1988), or
(b) educational bones or specimens given to a Scottish university at any time, but where the date of death is not known or is understood to be before 14 February 1988.

This application must be signed by the person authorised to make the application for burial. The application is made to the burial authority which is to carry out the burial. The burial authority will need to check the form to make sure it contains all of the necessary information. Missing or inaccurate information may result in the burial 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 burial authority where the burial is to take place.

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 burial authority. It will be held securely, in confidence and processed solely for 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 burial, if requested. You have the right to know what data is held about you and you can, by contacting the burial authority in writing, receive a copy of that data. The burial 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: Burial details

Name of burial ground	
Burial ground address and postcode	
Type of burial	☐ Full coffin burial ☐ Other casket (body part)
Type of lair[(a)]	☐ New lair ☐ Existing lair, but no previous burial *Please describe location in burial ground (e.g. section and lair number)* …… ☐ Existing lair which contains a previous burial *Please describe location in burial ground (e.g. section and lair number)* ……
Any other requests or instructions?	

Section 2: Application for burial

I, (name of Licensed Teacher of Anatomy/authorised person)[(b)]…….... at (name of Scottish university) …… request that the body part(s) described below is/are buried. I confirm that the body part(s) described below were either donated to or acquired by (insert university name) ……..… before the commencement of the Anatomy Act 1984 as amended by the Human Tissue (Scotland) Act 2006 (14 February 1988) or were given to the university after this date, but the date of death is not known but understood to have been before 14 February 1988.

Anatomy reference number	Parts for disposal

[(a)] A lair is a Scottish term for a burial plot or grave.
[(b)] The university may authorise a suitable person to complete Form BF7 (such as a bequest co-ordinator).

Section 3: Declaration
I declare that I have the legal right to apply for this burial. To the best of my knowledge and belief, all the information given in this application is correct, no information has been omitted and authorisation for the disposal has been obtained.

Signed: ……

Full Name: ……

Date: ……

Organisation: ……

Business address and postcode: ……

Business telephone: ……..

Section 4: Funeral director declaration *(if applicable)*
This section is to be completed by the funeral director if funeral directing services are used.

Coffin or casket details

Coffin/ casket material (including handles)		
Coffin/ casket shape		
External Coffin/ casket measurements (in cm)	Overall length	
	Width at widest part (including any handles fully extended)	
	Width at narrowest part	
	Depth	
Combined weight of deceased and coffin (in kg)		
Any other requests or instructions?		

I declare that I have discussed the options with the applicant and know no reason why the burial cannot take place. I understand that if I become aware of anything that may mean the burial should be delayed, I must inform the burial authority and the applicant.

Signed: ……

Full Name: ……..

Date: ……

Company name and address: ……..

Business email address: ……

Business telephone: ……

Funeral director registration number: ……..

Section 5: Authorisation for burial

Please confirm the location in the burial ground of the new or existing lair to be used for this burial (e.g. lair number/ section/ extension) ……

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

☐ I confirm that I approve this application for burial.

Signed: ……..

Full Name: ……

Position: ……

Date: ……

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations amend the Cremation (Scotland) Regulations 2019 ("the Cremation Regulations") and the Burial (Applications and Register) (Scotland) Regulations 2024 ("the Burial Applications Regulations").

These Regulations amend application forms for burial and cremation contained in the Burial Applications Regulations and the Cremation Regulations, to bring the forms up to date, make adjustments to improve useability and remove guidance notes.

These Regulations also alter the requirements for the cremation register that are set out in the Cremation Regulations by removing prescribed forms and instead setting out the data that the register must capture.

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