

Form A5: application for cremation of an adult or a child (by a local authority)

Cremation number:

Crematorium/cremation authority:

Time of cremation:

Baldarroch Chapel & Crematorium
Crathes, Banchory, Aberdeenshire, AB31 5JL
Telephone: 01330 844042
Email: info@baldarrochcrematorium.co.uk
Website: www.baldarrochcrematorium.co.uk



Date of cremation:

Name of the deceased:

This form is used by a local authority to apply for a cremation 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 or cremated.

This application form must be completed by a representative of the local authority. This is a requirement of the Cremation (Scotland) Regulations 2019, for cremations made under section 87 of the Burial and Cremation (Scotland) Act 2016.

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 the cremation authority does not think is accurate may result in the cremation being delayed or refused.

The local authority applying for the cremation is 'the applicant' and has the legal right to apply for the cremation under section 87 of the 2016 Act. 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. Guidance notes are provided at the end of this form.

Change of crematorium

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

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

The information provided on this form is a legal requirement under the Burial and Cremation (Scotland) Act 2016 and will be processed in line with Data Protection legislation. The data will be held by the cremation authority that is carrying out the cremation. It will be held securely, in confidence and processed solely for the purpose of carrying out the cremation and the handling of ashes. It will not be shared with any third party. You have the right to know what data is held about you and you can, by contacting the cremation authority in writing, receive a copy of that data. The cremation authority is obliged to include in their privacy notice how the information will be held, for how long and how you may make a complaint to the Information Commissioner's Office.

Forms checklist

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

Required

☐ Form 14 – Certificate of Registration of Death.

Optional

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

Section 1: Your information ('the applicant')

This section is used to record your details, as the representative of the local authority responsible for the cremation. In completing this form you are the applicant for the cremation.

Position:

Title:

First names:

Surname:

Local authority:

Business address:

Postcode:

Business telephone:

Email address:

Crematorium at which the cremation will take place:

Section 2: Application for cremation

This section is used to record the details of the person who has died.

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

Details of the person who has died

First name(s):

Surname:

Name as shown on the coffin plate:

Date of birth of the person who has died (DD/MM/YYYY), (if known):

Age

Address of the person who has died (if known):

Postcode:

Date on which the person died (or was found dead)(DD/MM/YYYY):

Religion of deceased (if known):

Place where death took place (if known):

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

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

If yes, has the cremation been approved by the procurator fiscal? Yes ☐ No ☐

Form E1 has been provided by the procurator fiscal Yes ☐ No ☐

This section is used to record details of anything which might be a hazard during cremation e.g. certain implants or the presence of particular diseases. Certain hazards may need to be removed from the body before cremation can take place. Implants or devices may damage cremation equipment if not removed before cremation. Some radioactive treatments may endanger the health of the crematorium staff.

The presence of some hazards may delay or prevent cremation taking place. If you are in any doubt about this, you must discuss this with the funeral director or crematorium staff.

Are you aware if any of the following apply:

	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? (see Note 3 in guidance notes for examples)		
Is there radioactive material or other hazardous implants 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.

[illegible]

Section 4: Declaration

This section requires you to declare that the information you have provided in sections 1 to 3 is, to the best of your knowledge, true, and that you are entitled to apply for this cremation. **It is an offence to knowingly provide false information and if you do so you may be liable to a fine of up to Level 3 on conviction.**

Applicant's declaration

I declare that I have the legal right to apply for this cremation. To the best of my knowledge, the information I have provided is accurate.

First name(s):

Surname:

Signature of applicant:

Date (DD/MM/YYYY):

Combined weight of the coffin and deceased:

Funeral director's Signature (if applicable)

Name of funeral director's representative:

Company name and address of funeral director:

Postcode:

Signature of funeral director's representative:

Date (DD/MM/YYYY):

Section 5: Disposal of ashes

This section is used to 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 crematorium to help reduce the impact on the environment. Each crematorium will have their own practices.

Section 5d: Details of who will collect the ashes from the crematorium:

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

This section is used by the cremation authority to confirm that the application is in order and that the cremation can take place (please tick).

- ☐ I confirm that I have received the necessary documentation (as outlined in the checklist on page 2 of this form) to allow the cremation to take place if any document is still missing, please contact the applicant or their funeral director.
- ☐ I confirm that all relevant sections of Form A5 have been completed.
- ☐ I confirm that I approve this application for cremation.

Date (DD/MM/YYYY):

Name of crematorium staff:

Signature of crematorium staff:

Position: