

Form A6: application for cremation of body parts following a hospital arranged post mortem examination or whole body/body parts donated for anatomical examination

Cremation number:

Crematorium/cremation authority address:

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 M¹ 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 N² 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 every Form A6 to the cremation authority

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.

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

2 Certificate of authorisation for the disposal of body parts following anatomical examination; section 27A of the Registration of Births, Deaths and Marriages (Scotland) Act 1965.

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.

Required Forms

You should ensure that you have attached the necessary document to this application form. The cremation authority will need to have it 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**.

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 the 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 required. You have the right to know what data is held about you and you can, by contacting the cremation authority in writing, receive a copy of that data. The cremation authority is obliged to include in their privacy notice how the information will be held, for how long and how you may make a complaint to the Information Commissioner's Office.

Section 1: Application for cremation of 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: 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 a 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 that I approve this application for cremation.

Name of crematorium staff member

Signature of crematorium staff member.....

Position

Date (DD/MM/YYYY)