

**Form A6: Application for cremation of body parts donated for anatomical examination or a hospital arranged post mortem**

Crematorium/cremation authority

This form is used to apply for a cremation of body parts which have been retained after a hospital arranged post mortem or an anatomical examination (where the body was donated). This is a requirement of the Cremation (Scotland) Regulations 2017, for cremations made under section 48 of the Burial and Cremation (Scotland) Act 2016.

*Anatomical examination*

When a person donates their body for anatomical examination and they wish the remains to be cremated after the exam, they will complete a Form A1 at the time of the donation. Some body parts may be retained after the body itself has been released for cremation. The appropriate person at the university or teaching hospital will complete a Form N and submit it along with Form A6 to the crematorium to cremate the organs/ body parts.

*Hospital arranged post mortem*

When the authorisation form for a hospital post mortem is completed by the next of kin they will complete the section for disposal of any retained organs/ body parts. This form should be used where they have authorised the hospital to arrange for a respectful disposal of the organs/ body parts.

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.

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

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.

**Forms checklist**

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.

## Required

- Certificate of authorisation for disposal of body parts following post mortem or anatomical exam (Form N)

**Details of individuals contained in this form are not to be used for any other purpose**

The information on this form will be processed in line with the Data Protection Act 1998. The data will be held securely, in confidence and processed for the purpose of carrying out the cremation. Under the Act you have the right to know what data held about you and you can, by applying to the cremation authority in writing and paying a fee, receive a copy of that data.

**Section 1: Application for cremation of body parts following anatomical examination or hospital arranged post mortem**

**Post – Mortem Examination**

I, \_\_\_\_\_ (Doctor / Pathologist including medical qualifications) confirm on behalf of \_\_\_\_\_ (name of Authority lawfully retaining the body parts) that there exists no reason for any further inquiry or examination concerning the body parts listed and that they are now released for disposal. I confirm that, to the best of my knowledge and belief, no implants or hazards remain in or on the body part(s).

**Anatomical Examination**

I, (Name of licensed Teacher of Anatomy) \_\_\_\_\_ request that the body parts(s) described below is/are cremated by (Disposal Authority \_\_\_\_\_).

I confirm that the body part(s) described below was/were retained from the body of the deceased indicated below which was/were donated to (University Name \_\_\_\_\_) under the Anatomy Act 1984.

I confirm that, to the best of my knowledge and belief, no implants or hazards remain in the body part(s).

Anatomy reference no. (if applicable)	Name of deceased and Date of Death	Date of original disposal (If applicable)	Original Disposal no. (If applicable)	Parts for Disposal	C / I* (see below)

\*C: Complete or I: Incomplete – Indicate if there are parts still retained or if the disposal of the body will then be complete

**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.

Signature of applicant

Date (DD/MM/YYYY)

Organisation

**Business address**

Post code

**Section 2: Authorisation for cremation (to be completed by the cremation authority)**

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

Cremation number: \_\_\_\_\_

I confirm that I have seen the appropriate documentation to allow the cremation to take place:

Yes  No

Form N

I confirm that all relevant sections of Form A6 have been completed: Yes  No

If you answered "No" to either question provide details

I confirm that I approve this application for cremation: Yes  No

Date (DD/MM/YYYY) 

--	--	--	--	--	--	--	--

Name of crematorium staff

Signature of crematorium staff

Position

**Countersignatory**

Name of crematorium staff

Signature of crematorium staff

Position