# Form A7: Application for cremation of body parts donated for anatomical examination prior to the introduction of the Anatomy Act 1984 as amended by the Human Tissue (Scotland) Act 2006

Crematorium/cremation authority

This form is used to apply for a cremation body parts which were donated for anatomical examination before the Anatomy Act 1984. This is a requirement of the Cremation (Scotland) Regulations 2017. 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.

## 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 of body parts donated for anatomical examination prior to the introduction of the Anatomy Act 1984 as amended by the Human Tissue (Scotland) Act 2006.

#### **Following Anatomical Examination**

I, (print name of licensed Teacher of Anatomy)\_\_\_\_\_\_ request that the body parts(s) described below are cremated.

I confirm that the body part(s) described below was/were donated to (*Insert University Name*) prior to the introduction of the Anatomy Act 1984 as amended by the Human Tissue (Scotland) Act 2006.

Anatomy reference no.	Parts for Disposal				

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.

Signature of Applicant	_ Date		
University			
Address			
Post code			

# Telephone

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

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

Cremation number:

I confirm that I have seen the certificate of authorisation for disposal, to allow the cremation to take place:

Yes 🗆 No 🗆

I confirm that all relevant sections of Form A7 have been completed: Yes  $\Box$  No  $\Box$ 

If you answered "No" to either question provide details

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Date (DD/MM/YYYY)	
Name of crematorium staff	
Signature of crematorium staff	
Position	
Countersignatory	
Name of crematorium staff	
Signature of crematorium staff	
Position	