

Cremation number:

**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 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  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)

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Name of crematorium staff

Signature of crematorium staff

Position

**Countersignatory**

Name of crematorium staff

Signature of crematorium staff

Position