Application for burial of the remains of a pregnancy loss in a burial ground (by individual)

Burial number [official use only]		Burial authority logo and/or address:
Burial authority registration number		
Burial ground		
Baby's name (if given)		Burial Grounds Kelliebank Depot Riverbank Ind Est Alloa FK10 1NT
Day and date of burial		
Time of service		

This is a statutory form made under regulation 3 of the Burial (Applications and Register) (Scotland) Regulations 2024 and the information and questions contained in it should not be changed.

This form must be used to apply for the burial of the remains of a pregnancy loss in Scotland, where the loss occurred on or before the end of the 24th week of gestation and showed no signs of life. This application form should be completed by the woman who has experienced the pregnancy loss, unless the woman authorises another person to complete the form on her behalf or if she is unable to due to exceptional circumstances.

The application is made to the burial authority you want to carry out the burial. The burial authority is the organisation responsible for managing the burial ground where the burial is to take place. The burial authority will need to check the form to make sure it contains all of the necessary information. Missing or inaccurate information may result in the burial being delayed or refused. If you are unsure about what information is required, or what any part of the form means, you can speak to the funeral director who is making the arrangements, staff at the burial authority or to any other person who is arranging the funeral. It is not a requirement to use the services of a funeral director to arrange a burial but where one is being used, the funeral director must sign the relevant part of this form.

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 burial authority. It will be held securely, in confidence and processed solely for 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 burial, if requested. You have the right to know what data is held about you and you can, by contacting the burial authority in writing, receive a copy of that data. The burial 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.

Accompanying documents

You should ensure that you have attached to the application form the medical certificate of pregnancy loss or health authority/medical practitioner confirmation that the pregnancy has ended. The burial authority must have there documents for the burial to take place. Different documents are required depending on whether the death occurred in Scotland, England or Wales, Northern Ireland or abroad. See the Guidance Notes (a) for more information.

(a) https://www.gov.scot/publications/burial-statutory-forms/

Section 1: Your information ‘the applicant’

This section is used to record your details. In completing this form you are the applicant for the burial. Applicants must be 16 years of age or older to apply for a burial. Applicants may be under the age of 16 if they are the woman who experienced the loss; however, you may wish to seek the support of a parent or guardian if you feel it would be helpful.

Title	
Full name	
Address	
Postcode	
Phone number	
Email address	

Section 2: Burial details

Name of burial ground	
Burial ground address and postcode	
Type of burial	☐ Coffin burial ☐ Ashes (from cremation) ☐ Powder (from hydrolysis)
Type of lair[(a)]	☐ New lair ☐ Existing lair, but no previous burial Please describe location in burial ground (e.g. section and lair number) ..... ☐ Existing lair which contains a previous burial Please describe location in burial ground (e.g. section and lair number) and give details of last burial (deceased name and date of burial) ....
Is this a war grave?	☐ Yes ☐ No
If yes, have you contacted the Commonwealth War Graves Commission and/ or the Ministry of Defence? Please briefly summarise any discussion here.	
Any other requests or instructions?	

[(a)] A lair is a Scottish term for a burial plot or grave.

Section 3: Application for the burial of the remains of a pregnancy loss

This section is used to record the details of a pregnancy loss (please tick only one option below and move to relevant section(s)).

☐ I am the woman who experienced the pregnancy loss (please complete section 3A).

☐ I have been authorised to make the application (please complete sections 3A and 3B).

Section 3A: Details of the pregnancy loss

Date pregnancy loss occurred (DD/MM/YYYY)	
Forename of baby (if given)	
Surname	

☐ Please tick to confirm that the midwife, registered nurse or medical professional has issued a letter or certificate to confirm that a pregnancy loss has taken place.

Section 3B: Details of the woman who experienced the pregnancy loss

Please state your relationship to the woman who experienced the pregnancy loss	
Full name of the woman who experienced the pregnancy loss	
Address and postcode of the woman who experienced the pregnancy loss	

Section 4: Applicant's declaration and consent

4.1: Authority to open lair for burial

Please tick:

☐ I am the registered lair right-holder

☐ I am purchasing a new lair and wish to be registered as the lair right-holder

☐ The lair right-holder is deceased[a]

Name of lair right-holder .....

Relationship of lair right-holder to deceased .....

☐ I am the representative or nearest relative of the deceased, but not the lair-right holder[b]

Name of lair right-holder .....

Relationship of lair right-holder to deceased .....

Any other information:

4.2: Declaration of entitlement to apply for burial

This section requires you to declare that the information you have provided in this form is true to the best of your knowledge and that you are entitled to apply for this burial. It is an offence to knowingly provide false information and if you do so you may be liable on summary conviction to imprisonment for a term not exceeding 12 months or to a fine up to Level 3 on the standard scale.

I am entitled to apply for this burial and I hereby declare that the details and information provided in sections 1-5 are complete and correct to the best of my knowledge.

Signed: .....

Full Name: .....

Date: .....

[a] If the lair right-holder is deceased, the burial authority may require you to sign an indemnity or complete a transfer of the right of burial. Please contact the burial authority separately to complete the process.

[b] If you are the nearest relative or representative of the deceased, but not the lair right-holder, you will require their permission to open the lair and written consent must be submitted with your application.

Section 5: Funeral director declaration (if applicable)

This section is to be completed by the funeral director if services are used.

Casket details

Casket material (including handles)		
Casket shape		
External Casket Measurements (in cm)	Overall length	
	Width at widest part (including any handles fully extended)	
	Width at narrowest part	
	Depth	
Any other requests or instructions?		

I declare that I have discussed the options with the applicant and know no reason why the burial cannot take place. I understand that if I become aware of anything that may mean the burial should be delayed, I must inform the burial authority and the applicant.

Signed: .....

Full Name: .....

Date: .....

Business name and address: .....

Business email address: .....

Business telephone: .....

Funeral director registration number: .....

Section 6: Authorisation for burial (to be completed by the burial authority)

Please confirm the location in the burial ground of the new or existing lair to be used for this burial

(e.g. lair number/section/extension) .....

Please confirm that the application is in order and that the burial can take place (please tick).

☐ I confirm that I have received the necessary documentation to allow the burial to take place. If any document is missing, please contact the applicant or their funeral director.

☐ I confirm that all relevant sections of this form have been completed.

☐ I confirm that I approve this application for burial.

Signed: .....

Full Name: .....

Position: .....

Date: .....