

Application for burial of the remains of an adult or child by a local authority where they are making arrangements under section 87 of the Burial and Cremation (Scotland) Act 2016

Burial number [official use only]		Burial authority logo and/or address:
Burial authority registration number		
Burial ground		
Full name of deceased		
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 is used by a local authority to apply for the burial of the remains of an adult or a child where:

- a) a person dies or is found dead within the area of the local authority; and
- b) it appears that no arrangements have been or are being made for the remains to be buried, cremated or hydrolysed.

This application form must be completed by a representative of the local authority. The application is made to the burial authority which is to carry out the burial. The burial authority will need to examine the form to make sure that it contains all of the necessary information. Missing information or information the burial authority does not think is accurate may result in the burial being delayed or refused. The local authority representative applying for the burial is ‘the applicant’ and has the legal right to apply for the burial under section 87 of the Burial and Cremation (Scotland) Act 2016. 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 burial authority or to the funeral director who is making the arrangements.

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 the purpose of carrying out the burial. 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 the necessary documents to this application form. The burial authority will need to have them to allow the burial to take place.

Please check this box to confirm that you have attached the Certificate of Registration of Death

Section 1: Your information ‘the applicant’

This section is used to record your details, as the representative of the local authority responsible for the burial. In completing this form you are the applicant for the burial.

Title	
Full name	
Position	
Local authority	
Business address	
Postcode	
Business telephone	
Business email address	

Section 2: Information about the person who died

Title	
Full name	
Name used on coffin plate (if different)	
Date of birth (DD/MM/YYYY)	
Date of death or date found dead (DD/MM/YYYY)	
Age at death	
Address	
Postcode	
Deceased's faith (if known)	
Place of death (if known)	
Name of hospital or practice where the doctor certified the death	

Section 3: Burial details

Name of burial ground	
Burial ground address and postcode	
Type of lair ^(a)	<input type="checkbox"/> New lair <input type="checkbox"/> Existing lair, but no previous burial Please describe location in burial ground (e.g. section and lair number) <input type="checkbox"/> 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)

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

Section 4: Hazards

This section is used to record details of anything which might be a public health hazard or have an environmental impact on groundwater.

Are you aware if any of the following apply:

Does the body of the deceased pose a risk to public health: for example, did the deceased have a notifiable infectious disease or was their body “contaminated” immediately before death?

Yes No

Are there implant(s) present in the deceased?

Yes No

Is there radioactive material or any other hazardous implant currently present in the deceased?

Yes No

Is the deceased chemically embalmed (e.g. formaldehyde present)?

Yes No

If you answered ‘yes’ to the questions above, please give further details.

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Section 5: Declaration

I declare that I have the legal right to apply for this burial. 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.

Signed:

Full Name:

Date:

Organisation:

Business address and postcode:

Business telephone:

Section 6: Funeral director declaration (if applicable)

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

Coffin details

Coffin material (including handles)		
Coffin shape		
External Coffin Measurements (in cm)	Overall length	
	Width at widest part (including any handles fully extended)	
	Width at narrowest part	
	Depth	
Combined weight of deceased and coffin (in kg)		
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 7: 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: