**Schedule 3 Regulation 3**

**Form BF3**

# 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:Paisley Dioceses St Conval’s CemeteryGlasgow RoadBarrheadG78 1TH |
| Baby’s name (if given) |  |
| Name of burial ground |  |
| 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 details of individuals contained in this form are not to be used for any other purpose.**

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 that is carrying out the burial. 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, subject to any requirement made by an inspector under section 91(1) of the Act. 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.

## Forms checklist

You should ensure that you have attached all required documents to this application form based on where the death occurred. The burial authority needs to have them for the burial to take place. Please see guidance note on “Forms checklist”, which sets out which documents are required.

# 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 (see guidance note on “Legal right to apply for a 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 ground details

|  |  |
| --- | --- |
| Name of burial ground |  |
| Burial ground address and postcode |  |
| Type of burial(see guidance note on “Type of burial”) | Coffin burialAshes |
| Type of lair(a) |  New lairPlease describe type (see guidance note on “Type of new lair”):........................................................................................................ Existing lair, but no previous burialPlease 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. (see guidance note on “War graves”) |  |
| 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 person who experienced the pregnancy loss (please complete section 3A).

 I have been authorised by the person who experienced the pregnancy loss 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 person who experienced the pregnancy loss

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

# Section 4: Applicant’s declaration and consent

**4.1: Authority to open lair for burial** (see guidance note on “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:

1. 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.
2. 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.

## 4.2: Declaration of entitlement to apply for burial

(see guidance note on “Declaration of right 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 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: .......................................................................................................................................................

# Section 5: Funeral director details

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

## Coffin or casket details

|  |  |
| --- | --- |
| Casket material (including handles)(see guidance note on “Coffin material”) |  |
| Casket shape(see guidance note on “Coffin/casket shape”) |  |
| External Casket Measurements (in cm)(see guidance note on “External coffin/ashes urn or casket measurements”) | 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: .......................................................................................................................................................

Company name and address: ................................................................................................................

Business email address: .........................................................................................................................

Business telephone: ...............................................................................................................................

**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 seen the appropriate 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: .......................................................................................................................................................