

Application for burial in a burial ground of body or whole body/body parts donated for anatomical examination on or after the date of commencement of the Anatomy Act 1984

Burial number [official use only]		Burial authority logo and/or address:
Burial authority registration number		
Burial ground		
Day and date of burial		
Time of burial		

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 to apply for a burial of:

- a whole body following an anatomical examination (where the body was donated on or after the commencement of the Anatomy Act 1984 (14 February 1988)), or
- or body parts which have been retained after an anatomical examination (where the body was donated on or after the commencement of the Anatomy Act 1984 (14 February 1988)).

As the person who is applying for the burial, you are 'the applicant'. You must have the legal right to apply for the burial. The application is made to the burial authority which is to carry out the burial. 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.

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 that is carrying out the burial. 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 all required documents to this application form. 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. See the Guidance Notes (a) for more information.

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

Section 1: Burial details

Name of burial ground	
Burial ground address and postcode	
Type of burial	<input type="checkbox"/> Full coffin burial <input type="checkbox"/> Other casket (body part)
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)
Any other requests or instructions?	

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

Section 2: Information about the deceased

Please complete one of the following sections, then the remainder of the form:

Section 2A – burial of a whole body following anatomical examination.

Section 2B – burial of body parts following anatomical examination.

Section 2A: Application for burial of a whole body following anatomical examination

I confirm that the body described below was donated to (university name) on or after the commencement of the Anatomy Act 1984 (14 February 1988).

Information about the deceased	
Title	
Full name	
Name used on coffin plate (if different)	
Date of birth (DD/MM/YYYY)	
Date of death (DD/MM/YYYY)	
Age at death	
Address	
Postcode	

I (licensed person/other authorised person^(a) confirm on behalf of (name of authority lawfully retaining the body) that there is no reason for any further inquiry or examination concerning the body detailed above.

Section 2B: Application for burial of body parts following anatomical examination

I (licensed person/other authorised person^(a) confirm on behalf of (name of authority lawfully retaining the body parts) that there is no reason for any further inquiry or examination concerning the body parts.

I confirm they are now released for disposal and may be buried. I confirm that the body part(s) were retained from a body/bodies which was/were donated to (University Name) under the Anatomy Act 1984.

^(a) The university may authorise a suitable person to complete Burial Form 6 (such as a Bequest Co-ordinator).

Section 3: 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 4: Funeral director declaration (if applicable)

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

Coffin or casket details

Coffin/casket material (including handles)		
Coffin/casket shape		
External Coffin/casket 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:

Company name and address:

Business email address:

Business telephone:

Funeral director registration number:

Section 5: 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)

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

- 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: