

CREMATION PERMIT

VS-48 Revised 7/01/08

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS SECTION

IMPORTANT! READ INSTRUCTIONS ON BACK OF FORM. TYPE OR PRINT LEGIBLY.

Part I: Person to be Cremated	Name		Sex	Date of Birth
	Resident Address			
Part II: Funeral Director	Town Where Death Occurred		Date of Death	Time of Death <input type="checkbox"/> AM <input type="checkbox"/> PM
	Signature (Funeral Director)		Date Signed	Funeral Home-Name
	COMPLETE FOR SELF-AUTHORIZED CREMATION ONLY <input type="checkbox"/> Notified designated custodian #1 or #2 named in Part IV. <input type="checkbox"/> Unable to notify designated custodians named in Part IV. List name of other person notified in accordance with Probate law: _____ _____			
Part III: Custodian of Body	Name of Custodian of Body (Please Print)		Custodian's Tel. # (Include Area Code)	Relationship to Decedent
	Signature of Custodian		Date Signed	
	Resident Address of Custodian			
Part IV: Self- Authorized Cremation	I am of sound mind and capacity and authorize the cremation of my remains upon my death.			
	Signature _____		Date Signed _____	
	We attest that the individual named above is of sound mind and capacity at the time of this authorization.			
	Name of Witness #1 (Please Print)		Address of Witness #1	
	Signature of Witness #1		Date Signed	
	Name of Witness #2 (Please Print)		Address of Witness #2	
	Signature of Witness #2		Date Signed	
	I designate the following individual as custodian of my remains. If the named individual is unable to be contacted at the time of my death, then other persons may be contacted in accordance with Probate Law.			
	Name of designated custodian #1		Relationship to person self-authorizing cremation	
	Resident Address of designated custodian #1		() _____ Custodian #1 Home Telephone No.	
	Name of designated custodian #2 (Optional)		Relationship to person self-authorizing cremation	
	Resident Address of designated custodian #2		() _____ Custodian #2 Home Telephone No.	
Part V: Intended Disposition of Cremated Remains	Intended Disposition of Cremated Remains:			
	() Burial (Specify Location): _____ () Entombment (Specify Location): _____ () Return to Person responsible for accepting cremated remains: Name: _____ Address: _____ Tel. #: _____ () Other (Specify): _____			
Part VI: Registrar of Vital Statistics	A Cremation Certificate having been executed, permission is hereby given to cremate the remains of the deceased named above.		Signature (Registrar of Vital Statistics)	
			City/Town	
Part VII: Certification by the Crematory	This is to certify that the remains of the deceased named above was cremated.		Date Cremated	
	Name of Crematory		Signature (Superintendent or person in charge of crematory)	
				Time of Cremation <input type="checkbox"/> AM <input type="checkbox"/> PM
				Date Signed

CREMATION PERMIT MUST BE RETURNED TO THE REGISTRAR OF VITAL STATISTICS OF THE TOWN WHERE DEATH OCCURRED.

Under C.G.S. §19a-322, 19a-323, & 45a-318 as amended