

**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.**

<b>Part I: Person to be Cremated</b>	Name		Sex	Date of Birth
	Resident Address			
<b>Part II: Funeral Director</b>	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	
	<b>COMPLETE FOR SELF-AUTHORIZED CREMATION ONLY</b> <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: _____ _____			
<b>Part III: Custodian of Body</b>	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			
<b>Part IV: Self- Authorized Cremation</b>	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.	
<b>Part V: Intended Disposition of Cremated Remains</b>	Intended Disposition of Cremated Remains:			
	( ) Burial (Specify Location): _____ ( ) Entombment (Specify Location): _____ ( ) Return to Person responsible for accepting cremated remains: Name: _____ Address: _____ Tel. #: _____ ( ) Other (Specify): _____			
<b>Part VI: Registrar of Vital Statistics</b>	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	Date Signed
<b>Part VII: Certification by the Crematory</b>	This is to certify that the remains of the deceased named above was cremated.	Date Cremated	Time of Cremation <input type="checkbox"/> AM <input type="checkbox"/> PM	
	Name of Crematory	Signature (Superintendent or person in charge of crematory)		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, &amp; 45a-318 as amended

## INSTRUCTIONS FOR COMPLETING CREMATION PERMIT

### **Part I**

Completed by the funeral director, or the person to be cremated in the case of a self-authorized cremation.

### **Part II**

Completed and signed by the Funeral Director. The item regarding notification is completed only for self-authorized cremations.

### **Part III**

Completed and signed by the custodian of the body. The custodian of the body may be a person designated by the decedent prior to death, or if no person has been designated, a person in accord with § 45a-318. (See below)

### **Part IV – (Completed for Self-Authorized cremations only)**

Any person, 18 years of age or older, and of sound mind, may authorize in a written document, the cremation of such person's remains. The person may also designate an individual to have custody and control of such person's body and to act as agent to carry out the cremation.

### **Part V**

In the case of a self-authorized cremation, the person to be cremated may indicate the intended disposition of the cremated remains. If not already completed by the person self-authorizing his or her cremation, this section shall be completed by the custodian of the body.

### **Part VI**

Completed and signed by the issuing Registrar of Vital Statistics.

### **Part VII**

Completed and signed by the person in charge of the crematory.

**Please Note: To self-authorize a cremation, Parts I and IV must be completed. Part V may also be completed by the individual self-authorizing the cremation. Parts II, III, V, (if not already completed), VI, and VII will be completed at the time of death.**

### **Connecticut General Statute Section 45a-318**

Connecticut General Statute §45a-318 is amended to allow a person eighteen years of age or older to execute in advance of his or her death, an authorization for the cremation of such person's remains. If a self-authorized cremation is executed, it must be attested in writing by two witnesses that the person self-authorizing his or her own cremation is of sound mind and capacity at the time the authorization is executed. Section 45a-318 also allows a person to designate a custodian of such person's remains, and to direct the disposition of the cremated remains. The funeral director must make reasonable efforts to contact the designated custodian within 48 hours after death. If there is no designated custodian, or if the designated custodian is unavailable to take charge of the remains of the decedent, other persons, in the priority listed, shall have custody and control of the decedent's remains:

- (1) The deceased person's spouse, unless such spouse abandoned the deceased person prior to the deceased person's death or has been adjudged incapable by a court of competent jurisdiction;
- (2) The deceased person's surviving adult children;
- (3) The deceased person's surviving parents;
- (4) The deceased person's surviving siblings;
- (5) Any adult person in the next degree of kinship in the order named by law to inherit the deceased person's estate, provided such adult person shall be of the third degree of kinship or higher;
- (6) Such adult person as the Probate Court shall determine.