

CREMATION PERMIT

VS-48 Revised 10/1/04

**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 <i>(Not applicable for self- authorized cremations)</i>	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 (Must designate spouse if married) _____		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: 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 VI: Certification by the Crematory	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, & 45a-318 as amended

INSTRUCTIONS FOR COMPLETING CREMATION PERMIT

Part I

Completed by Funeral Director or person self-authorizing cremation.

Part II

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

Part III – (Not applicable for Self-Authorized Cremations)

Completed and signed by the custodian of the body. The custodian of the body must be the spouse, if married, or if there is no spouse, then the next of kin or other designated person. (See below for additional information regarding custody of decedent's remains).

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

If the person completing the self-authorized cremation is married, the person's spouse must be listed in this part as the designated custodian. If there is no surviving spouse, then the next of kin or other designated person must be listed. (See below for additional information regarding custody of decedent's remains). A second designated custodian may be listed but is not required.

Part V

Completed and signed by the issuing Registrar of Vital Statistics.

Part VI

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

Please Note: To self-authorize a cremation, complete Parts I and IV only. Parts II, III, V, and VI 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, a cremation authorization. If a self-authorized cremation is executed, it must be completed on this form and 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. The person's spouse, or if there is no spouse, then the next of kin or other designated person named in Part IV of this form, must be notified within forty-eight hours of the death of such person. The Funeral Director must make reasonable efforts to notify this person. If the person to be notified is unavailable at the time of such person's death, other persons may be notified in accordance with Probate Law. Parts II, III, V, and VI will be completed by the appropriate parties upon the death of the person who is self-authorizing the cremation.

Sec. 45a-318 stipulates that the custody and control of the remains of deceased residents of this state shall belong to the surviving spouse of the deceased. If the surviving spouse had abandoned, and at the time of death was living apart from the deceased, or if there is no spouse surviving, then such custody and control shall belong to the next of kin, unless the decedent, in a duly acknowledged writing, designated another person to have custody and control of the remains of the decedent.