

**CREMATION PERMIT**

VS-48 Revised 7/5/05

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
VITAL RECORDS SECTION

**IMPORTANT! READ INTRUCTIONS 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 AUTHOIZED 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> <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		
	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 Certificated having been executed, permission is hereby given to cremated 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 RETUREND TO THE REGISTRAR OF VITAL STATISTICS OF THE TOWN WHERE DEATH OCCURRED.