## State of Connecticut Office of the Chief Medical Examiner

11 Shuttle Rd Farmington, CT 06475 860-679-3980 Fax: 860-679-1466

## Request for OCME Cremation Certificate Name of Deceased Place of death

Identification	Name of Deceased		Place of	death		
Authorization to Cremate	Name of Authorizing	ng Person/Relationship	Telephon	e Number		
Certifying Physician	Name		Telephon	e Number		
	Name		Telephone	e Number		
Funeral Director	Cheryl Demko Morello		860-668-0255			
	Funeral Home		Fax Number			
	Heritage	Funeral Home	860	860-668-0256		
Ota t		and body until at least	to nours after			
	(Signature)	Date:		Time: AM/PM		
Crem	ation certificates	<u>copy of the signed dea</u> will NOT be issued wit	<u>th certificate</u> hout a comp	to: 860-679-1466 leted death certificate		
	anon certyicutes	wuu INOT be issued wii	hout a comp	to: 860-679-1466 leted death certificate		
CREMATION CERTI	FICATE	wtt NOT be issued wit	hout a complete of the complet	e only: OCME#:		
CREMATION CERTI	FICATE	STATE OF CONNECTION	hout a compa Por OCME use	e only: OCME#:		
CREMATION CERTI	FICATE 2013	STATE OF CONNECTION	hout a compa For OCME uso  UT EALTH	e only: OCME#:		
CREMATION CERTI	FICATE 2013 DEF	STATE OF CONNECTION	For OCME use  Tor OCME use  UT  EALTH  xaminer	e only: OCME#:		
CREMATION CERTIL VS-47a Revised: 11/07/3  NAME OF DECEASE  MEDICAL EXAMINER	FICATE 2013  DEF Offi ED (First)  R/INVESTIGATOR'S	STATE OF CONNECTIC PARTMENT OF PUBLIC Hice of the Chief Medical E (Middle)	For OCME use  UT  EALTH  xaminer	Last)		
CREMATION CERTING VS-47a Revised: 11/07/3  NAME OF DECEASE  MEDICAL EXAMINER  the above named author	FICATE 2013  DEF Off ED (First)  R/INVESTIGATOR'S  ized designee of the OCM	STATE OF CONNECTIC PARTMENT OF PUBLIC F Ice of the Chief Medical E (Middle)  NAME	For OCME use  UT  EALTH  xaminer  TOWN OF I	Last)		
CREMATION CERTIL VS-47a Revised: 11/07/3  NAME OF DECEASE  MEDICAL EXAMINER  , the above named author feceased named above an	FICATE 2013  DEF Off ED (First)  R/INVESTIGATOR'S  Ized designee of the OCM id am of the opinion that i	STATE OF CONNECTIC PARTMENT OF PUBLIC Hice of the Chief Medical E (Middle)  NAME  IE, do certify that I have made proportion further examination or judicial	Por OCME use  For OCME use  UT  EALTH  xaminer  TOWN OF I  ersonal inquiry inte inquiry concerning	Last)		
CREMATION CERTIL VS-47a Revised: 11/07/3  NAME OF DECEASE  MEDICAL EXAMINER  , the above named author feceased named above an	FICATE 2013  DEF Off ED (First)  R/INVESTIGATOR'S  Ized designee of the OCM id am of the opinion that i	STATE OF CONNECTIC PARTMENT OF PUBLIC F Ice of the Chief Medical E (Middle)  NAME	Por OCME use  For OCME use  UT  EALTH  xaminer  TOWN OF I  ersonal inquiry inte inquiry concerning	Last)		
CREMATION CERTING VS-47a Revised: 11/07/3  NAME OF DECEASE  MEDICAL EXAMINER  the above named author	FICATE 2013  DEF Off ED (First)  R/INVESTIGATOR'S  Ized designee of the OCM Id am of the opinion that i	STATE OF CONNECTIC PARTMENT OF PUBLIC Hice of the Chief Medical E (Middle)  NAME  IE, do certify that I have made proportion further examination or judicial	Por OCME use  For OCME use  UT  EALTH  xaminer  TOWN OF I  ersonal inquiry inte inquiry concerning tor)	Last)		

## **CREMATION PERMIT**

VS-48 Revised 3/01/15

## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH VITAL RECORDS SECTION

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

				1			
Person to be					Sex	Date of Birth	
Cremated	Resident Address						
Part II:	Town Where Death Occurred	Date of	Death				
Funeral		Julie of	Death		Time of I	Time of Death	
Director						□ РМ	
	Signature (Funeral Director)	Name					
	COMPLETE FOR PRE-AUTHORIZED CREMATIO	N ONLY					
	☐ Notified designated custodian #1 or #2 nan☐ Unable to notify designated custodians nar	ned in Part IV. ned in Part IV. List name of					
		The art of the List Hallie of	other person n	lotified in accordance	with Probate	e law:	
Part III:	Name of Custodian of Body (Please Print)						
Custodian of			Cust	odian's Tel. # (Include	Area Code)	Relationship to Decede	
Body	Signature of Custodian						
					Date Signe	ed	
	Resident Address of Custodian						
	, and a second of						
Part IV:	am of sound mind and conscituend and						
Pre-	and add and capacity and aut	thorize the cremation of my	remains upon	my death.			
Authorized	I have been designated as the conservat	or or agent of the person na	med in this cre	mation permit, with	the authority	to authorize in advance o	
Cremation	Jack person's death, cremation of his or	ner body upon death, design	nate a custodia	an of the person's ro	maine and e-		
	disposition of the cremated remains. I ar	m of sound mind and capaci	ty and authoriz	e the cremation of the	ne conserved	person or agent.	
						,	
	Signature					*	
	We attest that the individ	ual named above is of soun	d mind and co	ascity at the time of	this authoriza	Date	
			u mmu amu caj	socity of the fillie of			
	1		i	sacry at the time of			
	Name of Witness #1		i				
			Name of W				
			Name of W	/itness #2			
	Name of Witness #1		Name of W				
	Name of Witness #1  Address of Witness #1		Name of W	Vitness #2 Witness #2			
	Name of Witness #1  Address of Witness #1  Signature of Witness #1	Date	Name of W	Witness #2 Witness #2 of Witness #2		Dat	
	Name of Witness #1  Address of Witness #1  Signature of Witness #1  I authorize the following individual(s) as cus	Date todian of my/conserved pe	Address of Signature of	Witness #2 Witness #2 of Witness #2		Dat	
	Name of Witness #1  Address of Witness #1	Date todian of my/conserved pe	Address of Signature of	Witness #2 Witness #2 of Witness #2		Dat	
	Name of Witness #1  Address of Witness #1  Signature of Witness #1  I authorize the following individual(s) as cus	Date todian of my/conserved pe	Address of Signature of	Witness #2 Witness #2 of Witness #2		Dat	
	Name of Witness #1  Address of Witness #1  Signature of Witness #1  I authorize the following individual(s) as cus at the time of death, then other persons ma	Date todian of my/conserved pe	Address of Signature of Signatu	Witness #2  Of Witness #2  al's remains. If the ne Law.	amed individ	Dat	
	Name of Witness #1  Address of Witness #1  Signature of Witness #1  I authorize the following individual(s) as cus	Date todian of my/conserved pe	Address of Signature of Signatu	Witness #2 Witness #2 of Witness #2	amed individ	Dat	
	Name of Witness #1  Address of Witness #1  Signature of Witness #1  I authorize the following individual(s) as cus at the time of death, then other persons ma  Name of Designated Custodian #1	Date todian of my/conserved pe y be contacted in accordan	Address of Signature of Signature of Name of D	Witness #2  Of Witness #2  al's remains. If the ne Law. esignated Custodian	amed individ	Dat ual(s) cannot be contacte	
	Name of Witness #1  Address of Witness #1  Signature of Witness #1  I authorize the following individual(s) as cus at the time of death, then other persons ma	Date todian of my/conserved pe y be contacted in accordan	Address of Signature of Signature of Name of D	Witness #2  Of Witness #2  al's remains. If the ne Law.	amed individ	Dat ual(s) cannot be contacte	
	Name of Witness #1  Address of Witness #1  Signature of Witness #1  I authorize the following individual(s) as cus at the time of death, then other persons ma  Name of Designated Custodian #1  Resident Address of Designated Custodian #1  Relationship to Person to be Cremated	Date todian of my/conserved pe y be contacted in accordan	Address of Signature of Signature of Signature of Resident A	Witness #2  Of Witness #2  al's remains. If the ne Law.  esignated Custodian and ddress of Designated	amed individ #2 Custodian #2	Dat ual(s) cannot be contacte	
Doub Vo	Name of Witness #1  Address of Witness #1  Signature of Witness #1  I authorize the following individual(s) as cus at the time of death, then other persons ma  Name of Designated Custodian #1  Resident Address of Designated Custodian #1  Relationship to Person to be Cremated	Date todian of my/conserved pe y be contacted in accordan	Name of W  Address of  Signature of  Signature of  Name of D  Resident A  Relationshi	Vitness #2  Witness #2  of Witness #2  al's remains. If the ne Law.  esignated Custodian address of Designated	amed individ #2 Custodian #2	Dat ual(s) cannot be contacte	
	Name of Witness #1  Address of Witness #1  I authorize the following individual(s) as cus at the time of death, then other persons ma  Name of Designated Custodian #1  Resident Address of Designated Custodian #1  Relationship to Person to be Cremated  Intended Disposition of Cremated Remains:	Date todian of my/conserved pe y be contacted in accordance Custodian #1 Tel. No.	Name of W  Address of  Signature of  rson's/ princip  with Probat  Name of D  Resident A	Vitness #2 Witness #2 of Witness #2 al's remains. If the ne Law. esignated Custodian address of Designated p to Person to be Cre	amed individ #2 Custodian #2 mated	Dat ual(s) cannot be contacte  Custodian #2 Tel. No.	
ntended	Name of Witness #1  Address of Witness #1  I authorize the following individual(s) as cus at the time of death, then other persons ma  Name of Designated Custodian #1  Resident Address of Designated Custodian #1  Relationship to Person to be Cremated  Intended Disposition of Cremated Remains: ( ) Burial (Specify Location):	Date todian of my/conserved pe y be contacted in accordan  Custodian #1 Tel. No.	Name of W  Address of  Signature of  rson's/ princip  with Probat  Name of D  Resident A	Vitness #2  Witness #2  of Witness #2  al's remains. If the ne Law.  esignated Custodian address of Designated	amed individ #2 Custodian #2 mated	Dat ual(s) cannot be contacte  Custodian #2 Tel. No.	
ntended Disposition of	Name of Witness #1  Address of Witness #1  Signature of Witness #1  I authorize the following individual(s) as cus at the time of death, then other persons ma  Name of Designated Custodian #1  Resident Address of Designated Custodian #1  Relationship to Person to be Cremated  Intended Disposition of Cremated Remains: ( ) Burial (Specify Location): ( ) Return to Person responsible for accepting compared to the c	Date todian of my/conserved pe y be contacted in accordance Custodian #1 Tel. No.	Name of W  Address of  Signature of Signature of Discourse with Probat  Resident A  Relationshi	Vitness #2  Witness #2  of Witness #2  al's remains. If the ne Law.  esignated Custodian address of Designated didress of Designated p to Person to be Creent (Specify Location):	amed individ #2 Custodian #2 mated	Dat ual(s) cannot be contacte  Custodian #2 Tel. No.	
ntended Disposition of Cremated	Name of Witness #1  Address of Witness #1  Signature of Witness #1  I authorize the following individual(s) as cus at the time of death, then other persons ma  Name of Designated Custodian #1  Resident Address of Designated Custodian #1  Relationship to Person to be Cremated  Intended Disposition of Cremated Remains: () Burial (Specify Location): () Return to Person responsible for accepting contains the	Date todian of my/conserved pe y be contacted in accordance Custodian #1 Tel. No.	Name of W  Address of  Signature of Signature of Discourse with Probat  Resident A  Relationshi	Vitness #2  Witness #2  of Witness #2  al's remains. If the ne Law.  esignated Custodian address of Designated didress of Designated p to Person to be Creent (Specify Location):	amed individ #2 Custodian #2 mated	Dat ual(s) cannot be contacte  Custodian #2 Tel. No.	
ntended Disposition of Cremated Remains	Name of Witness #1  Address of Witness #1  I authorize the following individual(s) as cus at the time of death, then other persons ma  Name of Designated Custodian #1  Resident Address of Designated Custodian #1  Relationship to Person to be Cremated  Intended Disposition of Cremated Remains: ( ) Burial (Specify Location): ( ) Return to Person responsible for accepting of Name: ( ) Other (Specify):	Date todian of my/conserved pe y be contacted in accordan  Custodian #1 Tel. No.	Address of Signature of Signature of Signature of Resident A Relationshi  ( ) Entombme	Vitness #2  Witness #2  of Witness #2  al's remains. If the ne Law.  esignated Custodian address of Designated diversed p to Person to be Creent (Specify Location):	amed individ #2 Custodian #2 mated Tel. #:	Dat ual(s) cannot be contacte  Custodian #2 Tel. No.	
ntended Disposition of Cremated Remains Part VI: Registrar of	Name of Witness #1  Address of Witness #1  I authorize the following individual(s) as cus at the time of death, then other persons ma  Name of Designated Custodian #1  Resident Address of Designated Custodian #1  Relationship to Person to be Cremated  Intended Disposition of Cremated Remains: () Burial (Specify Location): () Return to Person responsible for accepting of Name: () Other (Specify):  A Cremation Certificate having been executed, permission is hereby given to	Date todian of my/conserved pe y be contacted in accordance Custodian #1 Tel. No.	Address of Signature of Signature of Signature of Resident A Relationshi  ( ) Entombme	Vitness #2  Witness #2  of Witness #2  al's remains. If the ne Law.  esignated Custodian address of Designated didress of Designated p to Person to be Creent (Specify Location):	amed individ #2 Custodian #2 mated Tel. #:	Dat ual(s) cannot be contacte  Custodian #2 Tel. No.	
Part V: Intended Disposition of Cremated Remains Part VI: Registrar of	Name of Witness #1  Address of Witness #1  I authorize the following individual(s) as cus at the time of death, then other persons ma  Name of Designated Custodian #1  Resident Address of Designated Custodian #1  Relationship to Person to be Cremated  Intended Disposition of Cremated Remains: ( ) Burial (Specify Location): ( ) Return to Person responsible for accepting of Name: ( ) Other (Specify):  A Cremation Certificate having been executed, permission is hereby given to cremate the remains of the deceased	Date todian of my/conserved pe y be contacted in accordan  Custodian #1 Tel. No.	Address of Signature of Signature of Signature of Resident A Relationshi  ( ) Entombme	Vitness #2  Witness #2  of Witness #2  al's remains. If the ne Law.  esignated Custodian address of Designated diversed p to Person to be Creent (Specify Location):	amed individ #2 Custodian #2 mated Tel. #:	Dat ual(s) cannot be contacte  Custodian #2 Tel. No.	
ntended Disposition of Cremated Remains Part VI: Registrar of Vital	Name of Witness #1  Address of Witness #1  I authorize the following individual(s) as cus at the time of death, then other persons ma  Name of Designated Custodian #1  Resident Address of Designated Custodian #1  Relationship to Person to be Cremated  Intended Disposition of Cremated Remains: ( ) Burial (Specify Location): ( ) Return to Person responsible for accepting of Name: ( ) Other (Specify):  A Cremation Certificate having been executed, permission is hereby given to cremate the remains of the deceased named above.	Date todian of my/conserved pe y be contacted in accordan  Custodian #1 Tel. No.	Address of Signature of Signature of Signature of Resident A Relationshi  ( ) Entombme	Vitness #2  Witness #2  of Witness #2  al's remains. If the ne Law.  esignated Custodian address of Designated diversed p to Person to be Creent (Specify Location):	amed individ #2 Custodian #2 mated Tel. #:	Dat ual(s) cannot be contacte  Custodian #2 Tel. No.	
ntended Disposition of Cremated Remains Part VI: Registrar of Vital tatistics	Name of Witness #1  Address of Witness #1  I authorize the following individual(s) as cus at the time of death, then other persons ma  Name of Designated Custodian #1  Resident Address of Designated Custodian #1  Relationship to Person to be Cremated  Intended Disposition of Cremated Remains: ( ) Burial (Specify Location): ( ) Return to Person responsible for accepting of Name: ( ) Other (Specify):  A Cremation Certificate having been executed, permission is hereby given to cremate the remains of the deceased named above.  This is to certify that the remains of the	Date todian of my/conserved pe y be contacted in accordan  Custodian #1 Tel. No.	Address of Signature of Signature of Signature of Resident A Relationshi  ( ) Entombme	Vitness #2  Witness #2  of Witness #2  al's remains. If the ne Law.  esignated Custodian address of Designated diversed p to Person to be Creent (Specify Location):	amed individ #2 Custodian #2 mated Tel. #:	Dat ual(s) cannot be contacte  Custodian #2 Tel. No.	
ntended Disposition of Cremated Remains Part VI: Registrar of Vital Statistics Part VII:	Name of Witness #1  Address of Witness #1  I authorize the following individual(s) as cus at the time of death, then other persons ma  Name of Designated Custodian #1  Resident Address of Designated Custodian #1  Relationship to Person to be Cremated  Intended Disposition of Cremated Remains: ( ) Burial (Specify Location): ( ) Return to Person responsible for accepting of Name: ( ) Other (Specify):  A Cremation Certificate having been executed, permission is hereby given to cremate the remains of the deceased named above.  This is to certify that the remains of the deceased named above was cremated.	Date  todian of my/conserved pe y be contacted in accordan  Custodian #1 Tel. No.  remated remains:  Address:  Signature (Registrar of Vit	Address of Signature of Signature of Signature of Resident A Relationshi  ( ) Entombme	Vitness #2  Witness #2  of Witness #2  al's remains. If the ne Law.  esignated Custodian address of Designated diversed p to Person to be Creent (Specify Location):	amed individ #2 Custodian #2 mated Tel. #:	Datual(s) cannot be contacte  Custodian #2 Tel. No.	
ntended Disposition of Cremated Remains Part VI: Registrar of	Name of Witness #1  Address of Witness #1  I authorize the following individual(s) as cus at the time of death, then other persons ma  Name of Designated Custodian #1  Resident Address of Designated Custodian #1  Relationship to Person to be Cremated  Intended Disposition of Cremated Remains: ( ) Burial (Specify Location): ( ) Return to Person responsible for accepting of Name: ( ) Other (Specify):  A Cremation Certificate having been executed, permission is hereby given to cremate the remains of the deceased named above.  This is to certify that the remains of the	Date  todian of my/conserved pe y be contacted in accordan  Custodian #1 Tel. No.  remated remains:  Address:  Signature (Registrar of Vit	Address of Signature of Signature of Signature of Name of D Resident A Relationshi ( ) Entombme	Witness #2  Of Witness #2  al's remains. If the nellaw.  esignated Custodian address of Designated p to Person to be Create (Specify Location):  City/To	amed individ #2 Custodian #2 mated Tel. #:	Datual(s) cannot be contacte  Custodian #2 Tel. No.  Date Signed	