

**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

Identification	Name of Deceased	Place of death
Authorization to Cremate	Name of Authorizing Person/Relationship	Telephone Number
Certifying Physician	Name	Telephone Number
Funeral Director	Name Cheryl Demko Morello	Telephone Number 860-668-0255
	Funeral Home Heritage Funeral Home	Fax Number 860-668-0256

I certify that I shall pay the sum of \$150.00 (to be billed by the OCME) for the inquiry of this death by the Office of the Chief Medical Examiner and the issuance of the cremation certificate and shall not cremate the body until at least 48 hours after death.

Signed _____ (Signature) Date: _____ Time: _____ AM / PM

Fax this form AND a copy of the signed death certificate to: 860-679-1466
Cremation certificates will NOT be issued without a completed death certificate

For OCME use only: OCME#: _____

CREMATION CERTIFICATE

VS-47a Revised: 11/07/2013

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of the Chief Medical Examiner**

NAME OF DECEASED (First)		(Middle)	(Last)
MEDICAL EXAMINER/INVESTIGATOR'S NAME		TOWN OF DEATH	
I, the above named authorized designee of the OCME, do certify that I have made personal inquiry into the cause and manner of death of the deceased named above and am of the opinion that no further examination or judicial inquiry concerning the same is necessary.			
DATE	SIGNED (Medical Examiner/Investigator)		
TOWN (issuing cremation permit)	DATE RECEIVED	SIGNED (Town Clerk/ Registrar of Vital Statistics)	

IF CREMATION CERTIFICATE IS SUBMITTED TO THE FUNERAL DIRECTOR'S TOWN OF BUSINESS, THE TOWN IS REQUIRED TO FORWARD THIS COMPLETED CERTIFICATE TO TOWN OF DEATH

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 PRE-AUTHORIZED CREMATION ONLY <input type="checkbox"/> Notified designated custodian #1 <u>or</u> #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: Pre- Authorized Cremation	<input type="checkbox"/> I am of sound mind and capacity and authorize the cremation of my remains upon my death. <input type="checkbox"/> I have been designated as the conservator or agent of the person named in this cremation permit, with the authority to authorize in advance of such person's death, cremation of his or her body upon death, designate a custodian of the person's remains, and to authorized the intended disposition of the cremated remains. I am of sound mind and capacity and authorize the cremation of the conserved person or agent.			
	Signature _____		Date _____	
	We attest that the individual named above is of sound mind and capacity at the time of this authorization.			
	Name of Witness #1 _____		Name of Witness #2 _____	
	Address of Witness #1 _____		Address of Witness #2 _____	
	Signature of Witness #1 _____ Date _____		Signature of Witness #2 _____ Date _____	
	I authorize the following individual(s) as custodian of my/conserved person's/ principal's remains. If the named individual(s) cannot be contacted at the time of death, then other persons may be contacted in accordance with Probate Law.			
	Name of Designated Custodian #1 _____		Name of Designated Custodian #2 _____	
	Resident Address of Designated Custodian #1 _____		Resident Address of Designated Custodian #2 _____	
	Relationship to Person to be Cremated _____ Custodian #1 Tel. No. _____		Relationship to Person to be Cremated _____ Custodian #2 Tel. 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
			Date Signed	
Part VII: 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.				