

**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.**

<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>  (Not applicable for self- authorized cremations)	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 (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.	
<b>Part V: 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 VI: 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.**