

STATEMENT OF IDENTIFICATION AND AUTHORIZATION FOR DISPOSITION

I/We, the undersigned, represent and warrant to and agree with _____ FUNERAL HOME (the Funeral Home) as follows:

① I/We have positively identified the human remains that were either delivered to the Funeral Home or is under the care of the Funeral Home. I/We identify the human remains as that of: _____ (the Deceased).
(Full Legal Name of Deceased)

② I/We have the full legal right and authority, without joinder of any person, to control and authorize the disposition of the human remains of the Deceased.

③ I/We have requested and authorized the Funeral Home to arrange the disposition of the human remains of the Deceased in the following manner:

Grave burial Entombment Cremation Other: _____

④ I/We have requested and authorized the manner of disposition indicated above with full knowledge that the Funeral Home, its affiliates, officers, employees, agents, subcontractors, and assignees, will rely solely upon my/our identification of the human remains, that were delivered to, or, is under the care of the Funeral Home, as the body of the Deceased.

⑤ I/We acknowledge that I/We were given the opportunity to view the Deceased either in person or by means of a photograph, for purposes of identification.

⑥ PLEASE INITIAL ONE OF THE FOLLOWING TWO STATEMENTS:

_____ I/We elect to identify the human remains of the Deceased in person at the funeral home
_____ I/We give permission to the Funeral Home to photograph the human remains of the Deceased for the purpose of identification.

⑦ For cremation: I/We understand that cremation is irreversible. Pacemakers, radioactive, silicon, or other implants, mechanical devices or prosthesis may create a hazardous condition when placed in the cremation chamber and subject to heat. As authorizing agent(s), I/We have listed below all devices which may have been implanted in or attached to the deceased and instruct the funeral home to remove each device listed below. Unless indicated, the funeral home is to dispose of all such devices.

Description of devices: _____
_____ Initial here if the deceased does NOT have any implants, or devices listed above.

⑧ In the event of mistaken identity or incorrect identification of the Deceased, I/We agree to indemnify, release and hold the Funeral Home, its affiliates, officers, employees, agents, subcontractors, and assignees harmless from any and all claims, losses, damages, liabilities, or causes of action arising as a result of a mistaken identity or incorrect identification.

Executed at _____, this _____ day of _____, 20_____

Name: _____ Signature: _____
Relationship to Decedent: _____ Phone Number: _____
Address: _____

Name: _____ Signature: _____
Relationship to Decedent: _____ Phone Number: _____
Address: _____

Signature of Funeral Home Representative: _____

Family Worksheet & Instructions (page 1 of 2)

PLEASE PRINT and COMPLETE all areas, do not leave any area(s) blank.

This information will be used for the death certificate, which is required for burial or cremation. List any identifying features of the deceased to help with identification and provide a photocopy of the deceased's driver's license (preferred), photo ID, or a recent photograph of the deceased. Attach the ID to this form.

RETURN THIS FORM AND ID to the Funeral Home that will be handling the burial/cremation.

Informant's Name: (person supplying information) _____
Relationship: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
e-mail: _____
Address: _____
City: _____
State, Zip: _____
Date Completed: _____, _____

Name of Decedent (include AKA's if any) (First, Middle, Last)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Where did this person pass away? <input type="checkbox"/> At home <input type="checkbox"/> In Convalescent Home <input type="checkbox"/> Other _____	
		Name of Facility: _____		
		Town/City: _____ State: _____		
		Zip: _____ Phone Number: () _____		
Age	Date of Death (MM-DD-YEAR)	Date of Birth (MM-DD-YEAR)	Birthplace (City, State or Foreign Country)	Citizen of: <input type="checkbox"/> USA <input type="checkbox"/> _____
Residence (State)	Residence (County)	Residence (City or Town)	Residence (Street and No.)	
Apt. No.	Zip Code	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		Spouse's Name (if wife, give full name prior to first marriage)
Father's Name (First, Middle, Last) <input type="checkbox"/> check if deceased			Mother's Name Prior to First Marriage (First, Middle, Last) <input type="checkbox"/> check if deceased	
Usual Occupation "Title" (Do Not list Retired)		What Kind of Business or Industry?		Social Security Number
Ever in US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Veteran, please specify: Branch: _____ Rank _____ War: _____ Service _____ Number: _____			Preferred Method of Disposition: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation & burial of cremains <input type="checkbox"/> Other _____
For Burial, Name and location of Cemetery City: _____ State: _____			Phone Number of Cemetery () _____	
Grave/Deed Info. Section: _____ Plot: _____ Grave #: _____ Monument on grave? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name: _____	Education-Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th - 12 th grade, no diploma <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> Unknown <input type="checkbox"/> Not available		Of Hispanic Origin? <input type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____	
			Race <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) _____ <input type="checkbox"/> American Indian or Alaska Native (name of the enrolled or principal tribe) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) _____ <input type="checkbox"/> Other (specify) _____	
Physician's Name:			Phone Number:	
Please list any identifying features of the deceased: Color of Hair: _____ Color of Eyes: _____ Height: _____ Weight: _____				
Any of the following? (please list location on body and description, be specific) Scars _____ Tattoos _____ Other: _____				

Instructions for Arranging Disposition with Funeral Home (page 2 of 2)

Due to health concerns, please limit the number of those attending the arrangement with the funeral home. The next of kin must be present to authorize any disposition and sign appropriate documents. Every effort will be made to conduct the arrangement as soon as possible. Please be patient. Under the circumstances within the community, delays may be unavoidable. We are working hard to care for you and your loved one.

Arrange a time/date to meet with Funeral Director/Funeral Home
 Funeral Home: _____ Phone #: _____
 Date: _____ Time: _____ am / pm

Provide the Family Worksheet with all areas completed (needed for Death Certificate). Burial and/or cremation **cannot** occur without the info.

Provide the driver's license, a photo ID or a recent photo of deceased.

Funeral arrangements and services may be extremely limited due to the current health crisis. Please understand that the only services that may be available, at this time, may include:

1. Immediate Burial of remains
2. Direct Cremation of remains

During the arrangement with the funeral home, the next of kin or custodian of body may be asked to complete any of the following:

- identification form
- interment authorization
- funeral contract
- embalming authorization (as permissible)
- crematory authorization & permit
- other forms required by funeral home

Gatherings at churches, funeral homes or other public places may be temporarily restricted. Your funeral director will inform you of the up-to-date status.

Practice Personal Protective Behavior

- **WASH HANDS** thoroughly and briskly with hot soapy water

- **AVOID PUBLIC** settings & gatherings

- **AVOID CLOSE CONTACT** in public. Be mindful of those around you

- **COUGH & SNEEZE** into your forearm area avoiding your hands

- **AVOID** touching your face

- **CARRY A CLOTH** or handkerchief to cover your mouth and nose

- **USE ANTISEPTIC WIPES** for hands, when washing is not available

Instructions for Handling Deceased at Home & Identification Tag:

- Complete the Family Worksheet & Information Tag (see below).
- Wear gloves and mask, if available
- Cover face of deceased with pillowcase to help reduce airborne transmission before handling, moving or wrapping body.
- Remove jewelry, personal effects, but leave clothing on. (If the deceased has any medical/surgical equipment attached to them, do not attempt to remove).
- Complete and place the Information Tag (see below) in a Ziploc bag or wrap, then tie to the ankle of the deceased.
- Wrap the body in a cotton bed sheet, dry cleaner bags, or plastic bags with duct / reinforced tape
- Place a second sheet (flat sheet) under the body so that the ends and sides of sheet can be handled for moving the deceased.
- Move the deceased to an in-door room with the coldest temperature or a cold enclosed garage, if possible.
- Contact the appropriate party for removal/transportation.

Name of Deceased: _____
 Age: _____ Gender: M F Race: _____
 Date of Death: _____ Approx. Time of Death: _____ am / pm
 Place of Death: _____ City: _____
 Contact Person Name: _____ Phone: _____
 Relationship to Deceased: _____

Name of Cemetery: _____
Address: _____
City, State Zip Code: _____
Telephone Number: _____

For Cemetery Use:

AUTHORIZATION FOR PERMISSION TO OPEN GRAVE (Please print) The undersigned authorizes and requests the above named cemetery to inter, entomb or temporarily inter, the human remains of:

Name: _____ Sex: _____
Date of Death: _____ Time of Death _____ am or pm (circle one)
Who died at (town, state) _____ At the Age of: _____
Date of Birth: _____ Place of Birth (city, state): _____
Section: _____ Lot No.: _____ Grave No.: _____
Date of Burial: _____ Type of Burial: Full Cremated Remains

AUTHORITY: I, the undersigned, hereby authorize, instruct and apply for permission for the interment of the above mentioned decedent to be buried in the Cemetery, Section, Lot and Grave No. specified above. Furthermore, I, the undersigned, to the best of my knowledge, information and belief state that there is no next of kin who would be opposed to this interment/ entombment of the above named decedent.

INDEMNIFY: I will indemnify and I agree to hold harmless and defend the above named Cemetery, any association(s) of the cemetery, and/or any Archdiocese having jurisdiction of the Cemetery, the Cemeteries employees, agents and representatives from all claims, loss, liability and courses of action by third parties including, but not limited to, any and all property damage and/or physical injury involving burial/entombment rights arising from this interment/entombment.

By my signature, I represent and certify that all statements are true and that I have the right to make this authorization.

Signature: _____ Relationship to Decedent: _____
Printed Name: _____ Date Signed: _____
Address: _____ City/State/Zip _____

Witness #1 Signature: _____
Printed Name: _____ Date Signed: _____
Address: _____ City/State/Zip _____

Funeral Director Signature: _____ License # _____
Funeral Home Name: _____ Phone: _____
Address: _____ City/State/Zip _____
Human Remains embalmed (check one) Yes No

Cremation Certificate # _____

UNIVERSAL CREMATION AND DISPOSITION AUTHORIZATION

THE AUTHORIZATION IS NOT A CONTRACT FOR CREMATION SERVICES. A SEPARATE CONTRACT OR CONTRACTS WILL BE REQUIRED TO PURCHASE THE SERVICES OF THE FUNERAL HOME AND/OR CREMATORY.

(Print all information except signatures.) 1. IDENTIFICATION OF THE DECEDENT

Name of Decedent: _____ Date of Death: _____ Time: _____
Place of Death: _____ Sex: M ___ F ___ Age: _____ DOB: _____ S.S.: _____

BECAUSE CREMATION IS IRREVERSIBLE, IDENTIFICATION OF THE DECEDENT IS REQUIRED BY ONE OF THE FOLLOWING METHODS:

(Initials) The Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent.
OR

(Initials) The personal representative of the Authorizing Agent has viewed the remains and positively identified them as the body of the Decedent.
OR

(Initials) The Authorizing Agent has authorized the Funeral Home to photograph the remains and the Authorizing Agent has positively identified the the photograph as that of the Decedent.

2. FUNERAL HOME AND CREMATORY

The Authorizing Agent authorizes the Funeral Home and Crematory set forth below to carry out the directions and instructions of the Authorizing Agent contained in this Authorization.

Name of Funeral Home: _____ Address: _____
Crematory: _____ Address: _____

3. IDENTIFICATION OF AUTHORIZING AGENT

Name of Authorizing Agent: _____ Address: _____

Telephone No.: (____) _____ Relationship: _____

4. AUTHORITY OF AUTHORIZING AGENT

As Authorizing Agent, I represent that I have the right to authorize the cremation of the Decedent's remains and I am initialing one of the following three statements accordingly:

(Initials) I certify that I do not have actual knowledge of any living person who has a superior right to act as the Authorizing Agent.
OR

(Initials) There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. That person(s) has provided me written permission to serve as Authorizing Agent.
OR

(Initials) There is another living person(s) listed below who has a superior or equal right to act as Authorizing Agent. I have made all reasonable efforts to contact such person(s), but have been unable to do so. I have no reason to believe that such person(s) would object to the cremation of the Decedent's remains. Name(s) of Other Persons: _____

5. PACEMAKERS, IMPLANTS, AND PROSTHESES

Pacemakers, radioactive, silicon or other implants, mechanical devices or prostheses may create a hazardous condition when placed in the cremation chamber and subjected to heat. As Authorizing Agent, I have listed all devices (including mechanical, prosthetic, implants, or materials), which may have been implanted in or attached to the Decedent. Description of Devices: _____

Please initial one of the following statements:

(Initials) The remains of the Decedent do not contain any of the Devices described in #5 above.
OR

(Initials) As Authorizing Agent, I instruct the Funeral Home to remove each Device listed above and to charge for its services in making or arranging for such removal. Unless indicated directly below, the Funeral Home is to dispose of all such Devices.
The Devices listed are to be removed and returned to the Authorizing Agent: _____

6. CASKET OR ALTERNATIVE CONTAINER

The remains are to be cremated in a combustible casket or alternative container that is capable of being completely closed, is resistant to leakage or spillage, is sufficiently rigid to be handled easily, and provides protection for the health and safety of Crematory and Funeral Home personnel. The Crematory is authorized to inspect the casket or alternative container, including opening it if necessary. In the event that the casket or container does not meet the above requirements, the Crematory will notify the Authorizing Agent. Many caskets that are comprised primarily of combustible material also contain some exterior parts (decorative handles or rails) that are not combustible and that may cause damage to the cremation equipment. As Authorizing Agent, I authorize the Crematory, in its discretion, to remove and discard the non-combustible materials. I understand that some crematories will not accept metal or fiberglass caskets. I further understand that the casket or alternative container will be consumed as part of the cremation process. Casket or Alternative Container Selected (please select one):

___ Alternative Container (cardboard) ___ Fiberboard Casket ___ Wood Casket ___ Metal Casket ___ Other: (specify) _____

7. THE CREMATION PROCESS

The cremation of the Decedent's remains may take place before or after ceremonies to memorialize the Decedent. Cremation is performed to prepare the remains of the Decedent for final disposition. It is carried out by placing the Decedent's remains in the casket or alternative container, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. All cremations are performed individually. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the incineration of the container and its contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework) that are left with the remains and not removed from the casket or container prior to cremation may be destroyed or if

not destroyed, will be disposed of by the Crematory. The Authorizing Agent understands that arrangements must be made with the Funeral Home to remove any such possessions or valuables prior to the time that the remains of the Decedent are transported to the Crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, are then swept or raked from the cremation chamber. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, it is impossible to remove all of them, as some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the residues of previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as dental bridgework and hinges, latches, and nails from the container will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments will remain.

When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a standard temporary shipping container provided by Crematory unless specified below:

Urn selected by Authorizing Agent. Description of urn: _____

8. AUTHORIZATION TO CREMATE, PROCESS AND PULVERIZE

____ As Authorizing Agent, I have read and understand the description of the cremation process contained in # 7 above and authorize the (Initials) cremation, processing and pulverization of the remains of the Decedent. I further authorize the Funeral Home to deliver the Decedent's remains to the Crematory for the purpose of the cremation. The Crematory may perform the cremation of the Decedent's remains at a time and date as its work schedule permits without any further notification to the Authorizing Agent.

9. FINAL DISPOSITION

Following the cremation, the Authorizing Agent directs the Crematory and/or Funeral Home to undertake the actions set forth below to arrange the final disposition of the cremated remains of the Decedent. If the cremated remains are shipped at any time, the Authorizing Agent directs that the Crematory or Funeral Home utilize registered U.S. mail with a return receipt or a shipping service that uses an internal system for tracing the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains.

The Authorizing Agent understands that if no arrangements for the final disposition, release or shipment of the cremated remains are made in this Authorization, the Crematory and/or the Funeral Home shall hold the cremated remains for _____ (____) days after cremation. If during that _____ (____) day period the cremated remains are not retrieved by the person designated above to receive them or by the Authorizing Agent, or if arrangements for their final disposition are not made, then the Crematory or Funeral Home may return the cremated remains to the Authorizing Agent at the address listed in Section #3. In the alternative, if no arrangements for the final disposition of the cremated remains have been made within _____ (____) days after the cremation and if the Authorizing Agent has not taken delivery of or caused the delivery of the cremated remains, or in the event the arrangements of the final disposition have not been carried out within the _____ (____) day period because of the inaction of a party other than the Crematory or Funeral Home, then the Crematory or Funeral Home may dispose of the cremated remains in a grave, crypt or niche. The Authorizing Agent shall be liable for the cost of such final disposition in a grave, crypt or niche and shall reimburse the Crematory or Funeral Home immediately upon receipt of an invoice.

____ The Crematory shall deliver the cremated remains of the Decedent to the Funeral Home.

(Initials) **OR**

____ Hold the cremated remains for pickup by Funeral Home.

(Initials) **OR**

____ The Funeral Home or, in the event the cremated remains are not returned to the Funeral Home, the Crematory shall deliver the cremated (Initials) remains of the Decedent for disposition as follows:

Deliver to cemetery which with arrangements have already been made.

Deliver or release to:

Name: _____ Relationship: _____

Address: _____

Other: _____

10. PERSONAL PROPERTY

All personal property and effects delivered with the remains of the Decedent to the Crematory, including jewelry, clothes, hair pieces, dental bridgework, eyeglasses, and shoes, will be destroyed in the cremation process or otherwise discarded by the Crematory, in its sole discretion, unless specific instructions for delivery to Authorizing Agent are given below.

Items to be delivered to Authorizing Agent: _____

11. CERTIFICATION AND INDEMNIFICATION

The Authorizing Agent acknowledges that the Funeral Home and Crematory are relying upon the representations being made by the Authorizing Agent in this authorization. The Authorizing Agent certifies that all of the information and statements contained in the Authorization are accurate and no omissions of any material fact have been made. The Authorizing Agent agrees to indemnify and hold harmless the Funeral Home and the Crematory, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from the Funeral Home's and the Crematory's reliance on or performance consistent with the directions, statements, representatives and agreements contained in the Authorization.

Executed at _____, this _____ day of _____, _____.

Signature of Authorizing Agent: _____

Witness: _____ Lic.# if Funeral Director _____

For Crematory Use Only:

Received for Cremation: Date: _____ Time Received: _____ By (Initial): _____

Date of Cremation: _____ Time of Cremation: _____ Operator: _____

CREMATION PERMIT

VS-48 Revised 7/25/05

**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 _____		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: 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): _____		
	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 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.

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 by designated custodian or person to be cremated in case of self-authorization.

Part VI

Completed and signed by the issuing Registrar of Vital Statistics.

Part VII

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.