

**MONARCH CREMATION SERVICES LLC.
VITAL STATISTICS INFORMATION**

The information listed below is necessary to properly receive a death certificate

PLACE OF DEATH Home _____ Facility _____ Hospital _____

Decedent's Legal Name _____ D.O.D. _____

Sex _____ Age of last Birthday _____ Date of Birth _____

Birthplace City _____ State _____ Foreign Country _____

Street _____ County _____ City _____ Zip Code _____

Apt _____ Armed Forces _____

Married status at time of death Married _____ Married but separated _____ Widow _____ Widower _____
Divorced _____ Never married _____ Unknown _____

Surviving Spouse [Full Maiden Name] _____

Father's Full Name F-M-L _____

Mother's Name (Full Maiden Name) _____

Informant's Name _____

Informant's Relationship to Decedent _____

Informant's Mailing Address _____ Telephone _____

Decedent's education High School, Some College, Associate's Bachelor' Other _____

Decedent of Hispanic Origin (Country) Yes or No

Explain _____

Decedent's Race _____

Decedent Usual Occupation _____

26. Kind of Business/Industry _____

27. Decedent's Social Security Number _____

Signature of Informant _____

The above information listed is the truth to the best of my knowledge.

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.

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 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	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: <input type="checkbox"/> Burial (Specify Location): _____ <input type="checkbox"/> Entombment (Specify Location): _____ <input type="checkbox"/> Return to Person responsible for accepting cremated remains: Name: _____ Address: _____ Tel. #: _____ <input type="checkbox"/> 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.

INSTRUCTIONS FOR COMPLETING CREMATION PERMIT

Definitions - For the purposes of cremating the cremation permit the following definitions shall apply:

“Conservator” means conservator of the person as authorized pursuant to subdivision (5) of subsection (a) of section 45a-656 to take reasonable care of the conserved person’s personal effects.

“Agent” means a person authorized under the provisions of Connecticut General Statutes section 1-43 to carry out matters related to the personal relationships and affairs of the person to be cremated.

Part I

Completed by the funeral director, or in the case of a pre-authorized cremation, the person to be cremated or such person’s conservator or agent.

Part II

Completed and signed by the Funeral Director. The item regarding notification is completed only for pre-authorized cremations.

Part III

Completed and signed by the custodian of the body. The custodian of the body may be a person designated prior to death, or if no person has been designated, a person in accord with § 45a-318. (See below)

Part IV – (Completed for Pre-Authorized cremations only)

Any person, 18 years of age or older, and of sound mind, may authorize in a written document, the cremation of such person’s remains. A cremation may also be pre-authorized by a conservator of the person, or agent as defined above. The person, conservator or agent may also designate an individual to have custody and control of the body, and to act as agent to carry out the cremation.

Part V

In the case of a pre-authorized cremation, the person to be cremated, or such person’s conservator or agent, may indicate the intended disposition of the cremated remains. If not already completed for a pre-authorized cremation, this section shall be completed by the custodian of the body.

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 pre-authorize a cremation, Parts I and IV must be completed. Part V may also be completed. Parts II, III, V, (if not already completed), VI, and VII will be completed at the time of death.

Connecticut General Statute Section 45a-318

Connecticut General Statute §45a-318 allows a person, conservator of the person appointed for such person, or an agent authorized to carry out matters related to the personal relationships or affairs of a person, to execute in advance of death, an authorization for the cremation of such person’s remains. If a pre-authorized cremation is executed, it must be attested in writing by two witnesses that the person pre-authorizing the cremation is of sound mind and capacity at the time the authorization is executed. Section 45a-318 also allows a person, conservator of the person, or agent to designate a custodian of such person’s remains, and to direct the disposition of the cremated remains. The funeral director must make reasonable efforts to contact the designated custodian within 48 hours after death. If there is no designated custodian, or if the designated custodian is unavailable to take charge of the remains of the decedent, other persons, in the priority listed, shall have custody and control of the decedent’s remains:

- (1) The deceased person's spouse, unless such spouse abandoned the deceased person prior to the deceased person's death or has been adjudged incapable by a court of competent jurisdiction;
- (2) The deceased person’s surviving adult children;
- (3) The deceased person’s surviving parents;
- (4) The deceased person’s surviving siblings;
- (5) Any adult person in the next degree of kinship in the order named by law to inherit the deceased person’s estate, provided such adult person shall be of the third degree of kinship or higher;
- (6) Such adult person as the Probate Court shall determine.

AUTHORIZATION FOR CREMATION AND DISPOSITION

I, the undersigned Authorizing Agent, hereby request and authorize Brookside Crematory, to cremate, process and disburse/release the human remains as instructed in this document of:

Name of Deceased _____

Sex _____ Age _____ Date of Death _____ Time of Death _____

Address _____

Place of Death _____

Was death due to an infectious or contagious disease? _____ Cause of death (if known) _____

AUTHORITY OF AUTHORIZED AGENT

I hereby certify that I am the next-of-kin to the Deceased as his/her _____, that I have custody and control of the remains of the Deceased and as such possess the full legal authority and power granted to me by the laws and regulations of the State of Connecticut to arrange for the cremation and disposition of the remains of the Deceased. Further, I am aware of no objection to this cremation by any other next-of-kin who may also have the legal authority to control the final disposition of the Deceased.

PACEMAKERS AND RADIOACTIVE IMPLANTS

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING OF THE DECEASED FOR CREMATION TO THE BROOKSIDE CREMATORY. I UNDERSTAND that the existence of a heart pacemaker, radiation-producing device, or any other device implanted in the Deceased could be explosive and dangerous when exposed to intense heat.

Please verify and initial: The Deceased has _____ or does not have _____ such an implanted device to be removed.

PERSONAL BELONGINGS

I understand that due to the nature of the cremation process that any valuable material, including jewelry and dental gold, will either be destroyed or not recoverable. Please verify that any personal possessions have either been removed, or may be destroyed and/or unrecoverable. I also understand that it is the policy of Brookside Crematory to recover any orthopedic prosthetic implant remaining from the cremation process for the purpose of recycling, and that any proceeds resulting will be donated or disbursed at the discretion of Brookside Crematory.

Signature: _____

DISPOSITION

The cremated remains of the Deceased will be placed in a temporary or permanent container and released as selected.

____ Deliver to Funeral Director to hold for pick-up by: _____

Other (specify) _____

INDEMNITY

As authorized Agent, I (We) agree to indemnify, defend, and hold harmless Brookside Crematory; It's members, officers, agents and employees, from any and all claims, demands, or causes of action, and suits of every kind, nature, and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization including: the failure to positively identify the deceased or human remains delivered to Brookside Crematory and authorized for this cremation, the processing, delivery, shipping, and final disposition of the Decedent's remains, any damage due to harmful or exploding implants; Claims brought by any other person(s) claiming the right to control the cremation or disposition of the decedent's cremation remains, or any other action performed by the Crematory, it's officers, agents, or employees, pursuant to this authorization.

By executing this Cremation Authorization, as Authorizing Agent(s), the undersigned understands that, in accordance with governing law and policy, the following conditions must be met before a cremation can take place: (1) 48 hours have elapsed since the time of death, (2) All civil and medical permits have been issued, (3) All authorizations have been obtained; And, as Authorizing Agent(s), warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce Brookside Crematory to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained within this document.

Executed at _____ this _____ day of _____, 20 _____

X _____ X _____

Printed Name _____ Printed Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Signature of Funeral Director as witness for signature of Authorizing Agent

X _____

Printed Name _____

Funeral Home and Address _____

FOR CREMATORY USE ONLY:

Received for cremation: _____ Date _____ Time _____ by (Initials) _____

Receptacle: cardboard container _____ hardwood casket _____ other (specify) _____

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

WHITE - Crematory

YELLOW - Family

PINK - Funeral Home