

**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                                    | Telephone Number |
|                          | Funeral Home                            | Fax Number       |

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 \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM  
(Signature)

***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