

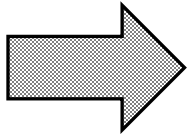
**State of Connecticut**  
**Office of the Chief Medical Examiner**  
 11 Shuttle Rd  
 Farmington, CT 06475  
 860-679-3980  
 Fax: 860-679-1466

**Faxed Request for OCME Cremation Certificate**

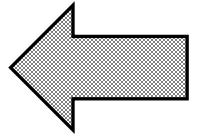
Identification	Name of Deceased	Place of death
Authorization to Cremate	Name of Authorizing Person/Relationship	Telephone Number
Certifying Physician	Name	Telephone Number
Funeral Director	Name	Telephone Number
	Funeral Home	Fax Number
	Preferred method to receive completed Cremation Certificate: <input type="checkbox"/> Fax <input type="checkbox"/> e-mail	e-mail Address

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



***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***



**CREMATION CERTIFICATE**

VS-47a Revised: 5/20/2020

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