

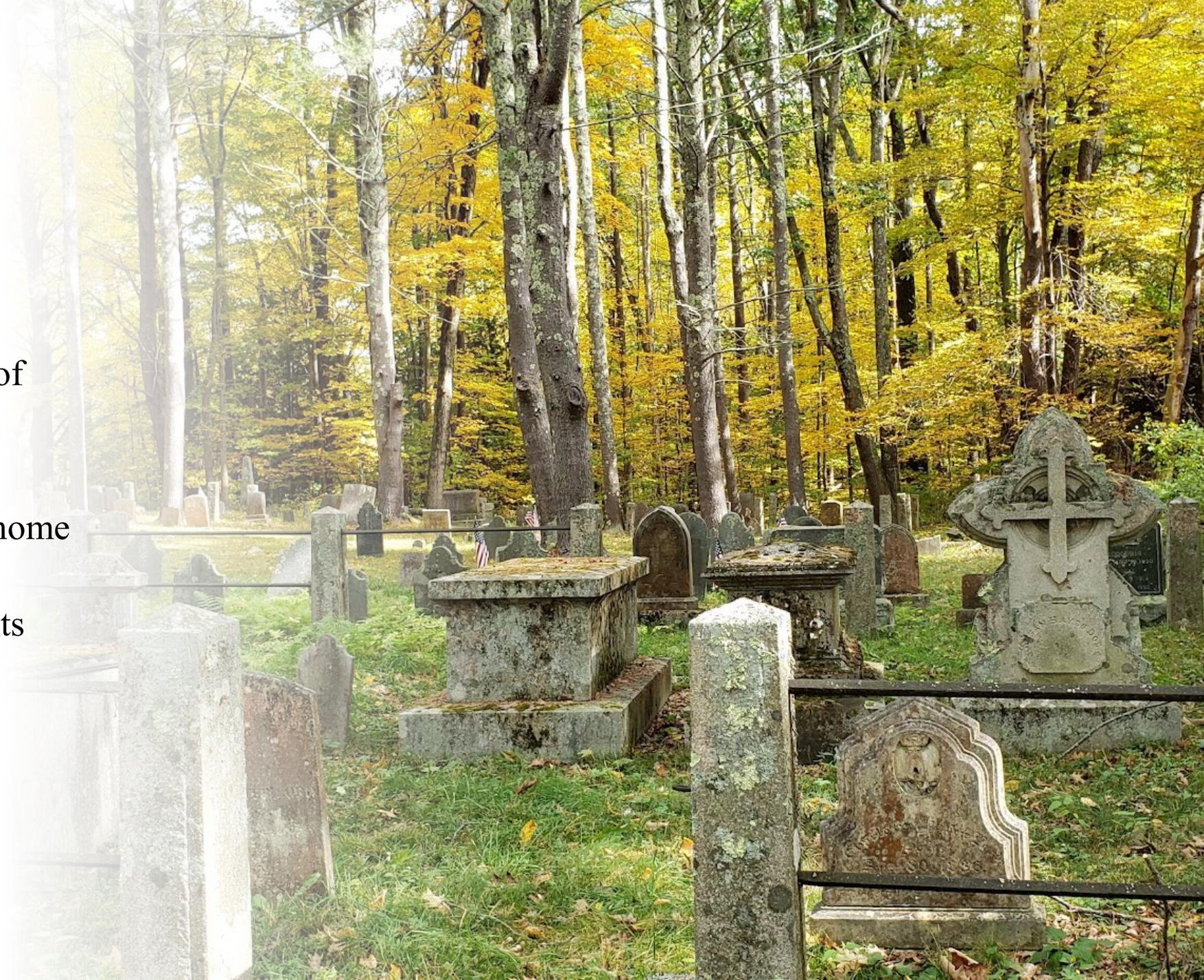
Fetal Deaths, Authorized Person Cases, Disposition Permits, and Sub-Registrar Appointments

Melissa Boynton, MPH, Supervisor Electronic Data Solutions

Theresa Roberts, Supervisor and Deputy State Registrar

Agenda

- Supplemental Certificate of Death
- Fetal Deaths
- Authorized Person cases/home funerals
- Sub-registrar Appointments
- Disposition permits
- Authorization forms



Supplemental Certificate of Death (SCOD)

Use the Tab Key to go from one field to the next



Maine Center for Disease Control and Prevention (Maine CDC)
 220 Capitol Street
 11 State House Station
 Augusta, Maine 04333-0011
 (207) 287-3771
 Fax : (207) 287-1093 TTY Users: Dial 711 (Maine Relay)

Reset Form

Supplemental Certificate of Death (For use with Standard and Medical Examiner Death Certificates)

To:	From:	
Decedent's Name:	Date of Death (mm/dd/yyyy):	Town/City of Death:

The death certificate of the above named decedent contains information that needs to be corrected from the original death certificate registered with the Maine CDC Vital Records office. Please note that Medical Certifiers only need to correct/amend the information that was incorrect or missing on the original death certificate. Please sign, date and return this form to the address listed above.

Actual Date of Death (Spell month)	Actual Time of Death <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Military	Was Body Viewed After Death? <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Place of Death (Check only one; see instructions)		
If Death Occurred in a Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival	If Death Occurred Somewhere Other than a Hospital <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Retirement Community <input type="checkbox"/> Found <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Unknown
Facility Name (If not institution, give street and number, and apartment number)	City or Town, State, and Zip Code	Country of Death
Cause of Death (See instructions and examples)		
Part I. Enter the <u>chain of events</u> —diseases, injuries, or complications—that directly caused the death. Do not enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Do not abbreviate. Do not enter old age. Enter only one cause on a line. Add additional lines if necessary.		Approximate Interval Onset to Death
Immediate cause (Final disease or condition resulting in death)	a. Due to (or as a consequence of)	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the	b. Due to (or as a consequence of)	
Underlying cause last (disease or injury that initiated the events resulting in death)	c. Due to (or as a consequence of)	
	d. Due to (or as a consequence of)	
Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		
Was an Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Autopsy Findings Available to Complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Female	Did Tobacco Use Contribute to Death?	Manner of Death

- Supplemental Certificates of Death (SCOD) are utilized when a Medical Certifier or the Medical Examiner needs to add or change information within the medical portion of the death certificate.
- SCODs are now performed electronically through DAVE (2011-Present).
- On paper records prior to DAVE, the record was marked with an asterisk (*) and marked “See Attached.” The paper SCOD with the changes was attached behind the record making the death record 2 pages. Paper deaths with SCODs attached should be issued on safety paper this way.

Fetal Deaths

- A fetal death is the death of a fetus 20 weeks gestation or greater.
- Fetal deaths are *only* filed on a paper form furnished by the Department.
 - We are anticipating a new module within DAVE in 2024 for electronic filing.
- The Certificate of Fetal Death (VS-4) was updated effective January 1, 2021 to be more user friendly and to add additional questions for statistical purposes.
- Fetal deaths are processed by DRVS and a true copy attest is sent to the municipality of death only.
 - If you receive a certificate of fetal death from a funeral home, please forward to DRVS for registration.

Department of Health and Human Services
Certificate of Fetal Death

118-
STATE FILE NUMBER

1. Name of Fetus (<i>first, middle, last</i>)		2. Sex	3. Date of Delivery (<i>mm/dd/yyyy</i>)	4. Time of Delivery (24hr)
5. Place Where Delivery Occurred (<i>check one</i>)			6. Facility Name (<i>If not institution, give street and number</i>)	
<input type="checkbox"/> Home Delivery: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birth Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Other (Specify) _____			7. Facility ID -NPI Number	
8. City/Town of Delivery		9. ZIP Code		10. County of Delivery
11. Mother/Parent Current Legal Name (<i>first, middle, last</i>)				
12. Mother/Parent Name Prior to First Marriage		13. Date of Birth (<i>mm/dd/yyyy</i>)		14. Birthplace (<i>State, Territory, or Foreign Country</i>)
15. Street and Number		16. City/Town of Residence		
17. Residence of Mother/Parent State or Foreign Country		18. County of Residence		19. Residence Zip
20. Father/Parent Current Legal Name (<i>first, middle, last</i>)		21. Date of Birth (<i>mm/dd/yyyy</i>)		22. Birthplace (<i>State, Territory, or Foreign Country</i>)
CAUSE/CONDITIONS CONTRIBUTING TO FETAL DEATH				
23. INITIATING CAUSE/CONDITION (AMONG THE CHOICES BELOW, PLEASE SELECT THE <u>ONE</u> WHICH MOST LIKELY BEGAN THE SEQUENCE OF EVENTS RESULTING IN THE DEATH OF THE FETUS)			23a. OTHER SIGNIFICANT CAUSES OR CONDITIONS (SELECT OR SPECIFY ALL OTHER CONDITIONS CONTRIBUTING TO DEATH)	
Maternal Conditions/Diseases (Specify) _____			Maternal Conditions/Diseases (Specify) _____	
Complications of Placenta, Cord, or Membranes			Complications of Placenta, Cord, or Membranes	
<input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify) _____			<input type="checkbox"/> Rupture of membranes prior to onset of labor <input type="checkbox"/> Abruptio placenta <input type="checkbox"/> Placental insufficiency <input type="checkbox"/> Prolapsed cord <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Other Obstetrical or Pregnancy Complications (Specify) _____	
Fetal Anomaly (Specify) _____			Fetal Anomaly (Specify) _____	



Authorized Person Cases

An authorized person is someone who is acting in lieu of a funeral director and is handling final disposition on their own, which may be burial, cremation, or transportation out of state.

An authorized person can be a member of the immediate family of the deceased, the domestic partner of the deceased, or a person authorized in writing by a member of the immediate family of the deceased.

Do not panic

There are a few simple steps that need to take place to complete the death certificate and issue the disposition permit.

1. The Medical Certifier or Medical Examiner starts a case in DAVE, enters the medical information, and certifies the death case.
2. The Authorized Person will need to fill out items 1-30 on the paper death certificate (VS-3) and will sign on line 30.
3. The completed VS-3 may be scanned and attached to the case, emailed to Melissa Boynton, or faxed to the office. If you have a case or have attached the completed VS-3, please call Melissa Boynton at 287-5451 or email Melissa.Boynton@maine.gov.
4. The case is completed by the Department, registered, and assigned a State File Number (SFN).
5. A Disposition Permit may now be issued to the authorized person.

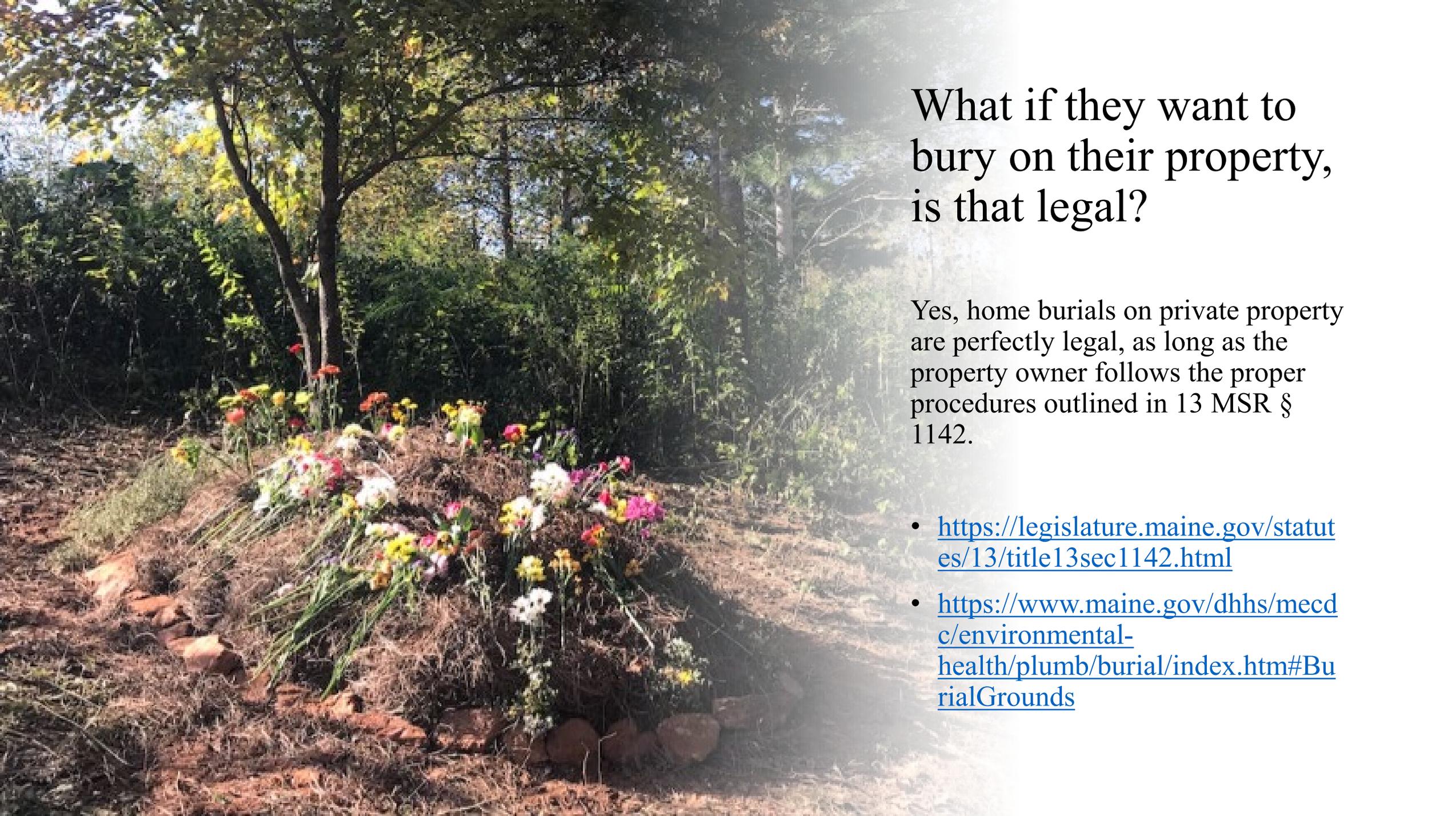
Department of Health and Human Services
State File No. 118 -

Certificate of Death

(Include aka's if any)												
1. Decedent's Legal Name (First, middle, last, suffix)								2. Sex		3. Social Security Number		
4. Date of Birth (mm/dd/yyyy) (Spell month)				5a. Last Birthday - Age (Years)		5b. Under 1 Year (Months)	5c. Under 1 Day (Days)	5d. Under 1 Day (Hours)	5e. Under 1 Day (Minutes)	6. Birthplace (City and state or foreign country)		
7. Ever in US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No						8a. Residence Address (Street number and name)						
8b. Apt. No.		8c. City or Town			8d. County			8e. State		8f. Country		8g. Zip Code
9. Marital Status at Time of Death <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"/> Domestic Partnership <input type="checkbox"/> Unknown												
10. Surviving Spouse/Partner Name (Give name prior to first marriage)												
11. Parent Name Prior to First Marriage (First, middle, last, suffix)						12. Parent Name Prior to First Marriage (First, middle, last, suffix)						
13a. Informant Name (First, middle, last, suffix)						13b. Relationship to Decedent						
13c. Mailing Address (Street and number, apartment number, city, state, zip code)												
14. Method of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Removal From State <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Other (Specify) _____								15. Date of Disposition		16. Place of Disposition (Name of cemetery, crematory, or other place)		
17. Disposition Location (City, town, and state or foreign country)										18. Was Body Embalmed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
19. Funeral Practitioner/Authorized Person (Please print)										20. License Number (Of licensee)		
21. Funeral Establishment License Number				22. Name and Complete Address of Funeral Facility/Authorized Person								
23. Decedent's Usual Occupation (Indicate type of work done during most of working life. Do not use retired.)								24. Kind of Business/Industry		25. Name of Employer		
26. Decedent's Education (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th Grade or Less <input type="checkbox"/> 9th - 12th Grade; No Diploma <input type="checkbox"/> High School Graduate or GED Completed <input type="checkbox"/> Some College Credit, but No Degree <input type="checkbox"/> Associate Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng, ME, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) <input type="checkbox"/> Unknown												
27. Ancestry (French, English, etc., specify)												
28. Decedent of Hispanic Origin? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the first box if decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> Not Spanish/Hispanic/Latino <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Spanish/Hispanic/Latino (e.g. Spaniard, Salvadoran, Columbian) <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Cuban (Specify) _____												
29. Decedent's Race (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Filipino _____ <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian _____ <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Korean <input type="checkbox"/> Guamanian or Chamorro _____ <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan _____												
30. Signature of Funeral Practitioner or Authorized Person												

Medical Record Number

To be Completed/Verified by:
Funeral Practitioner or Authorized Person



What if they want to bury on their property, is that legal?

Yes, home burials on private property are perfectly legal, as long as the property owner follows the proper procedures outlined in 13 MSR § 1142.

- <https://legislature.maine.gov/statutes/13/title13sec1142.html>
- <https://www.maine.gov/dhhs/mecdc/environmental-health/plumb/burial/index.htm#BurialGrounds>

Burying grounds are regulated by the Subsurface Wastewater Unit of the Department of Environmental Health

◀ §1141

§1143 ▶

Title 13: CORPORATIONS

Part 2: CORPORATIONS WITHOUT CAPITAL

Chapter 83: CEMETERY CORPORATIONS

Subchapter 2: BURYING GROUNDS

Article 3: EXEMPTION FROM ATTACHMENT

§1142. Family burying grounds

When a person appropriates for a family burying ground a piece of land containing not more than 1/4 of an acre, causes a description of it to be recorded in the registry of deeds of the same county or by the clerk of the town where it is situated and substantially marks the bounds of the burying ground or encloses it with a fence, it is exempt from attachment and execution. No subsequent conveyance of it is valid while any person is interred in the burying ground; but it must remain to the person who appropriated, recorded and marked that burying ground and to that person's heirs as a burial place forever. If property surrounding a burying ground appropriated pursuant to this section is conveyed, the property is conveyed by the person who appropriated the property or by an heir of that person and the conveyance causes the burying ground to be inaccessible from any public way, the conveyance is made subject to an easement for the benefit of the spouse, ancestors and descendants of any person interred in the burying ground. The easement may be used only by persons to walk in a direct route from the public way nearest the burying ground to the burying ground at reasonable hours. [PL 1991, c. 412, §1 (AMD).]

SECTION HISTORY

PL 1991, c. 412, §1 (AMD).

Sub-Registrars

The Department or a municipal clerk may appoint one or more suitable and proper persons in a municipality as sub-registrars, who are authorized to issue permits (Permits for Disposition of Human Remains, VS-35) for transportation and final disposition of dead human bodies.

There are two types of Sub-Registrars:

- The annual appointment of a person residing or employed within the municipality, or
- The annual appointment of a person who completes the application to become a State sub-registrar and who pays the \$100.00 fee.

Both types of appointments entitle the appointed sub-registrar to issue a disposition permit upon a completed and signed death certificate and medical examiner's release (if applicable). The municipality that appoints the sub-registrar collects the \$20.00 fee if the place of death or establishment is located within their municipality (item #11b on the permit).

Sub-registrars may be appointed by both a municipality and the Department. A full listing of Department-appointed sub-registrars may be found in DAVE under Forms>Print Forms

Sub-registrars must be appointed in writing, sworn in, and the annual appointment must be recorded in the office of the Department or the municipal clerk who appointed them. In the event a municipal clerk's term has ended prior to the expiration date of the sub-registrar's annual appointment, the sub-registrar must be reappointed. Municipal clerks may rescind a sub-registrar appointment at any time for any reason, although it is the responsibility of a municipal clerk to notify a sub-registrar in writing when the appointment has ended or been rescinded.

A permit may be issued by a sub-registrar only when the municipal office is closed, or the municipal clerk or deputy clerk is not available. Sub-registrars must scan and attach the completed disposition permit, after endorsement, to the death case in the Electronic Death Registration System (EDRS)

State of Maine
 Department of Health and Human Services
Permit for Disposition of Human Remains

Distribution of Copies: Place of Final Disposition Place Permit Issued
 Place of Death Issuing Clerk – Retain Until Endorsement Received

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.)			2. DATE OF DEATH (Mo., Day, Yr.)		
3. SEX	4. AGE	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input type="checkbox"/>	6. PLACE OF DEATH (City or Town) (State)		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER	
8. PERMISSION REQUESTED FOR: (Check All That Apply)					
		<input type="checkbox"/> Temporary Storage	<input type="checkbox"/> Burial	<input type="checkbox"/> Cremation	<input type="checkbox"/> Entombment
		<input type="checkbox"/> Removal From State	<input type="checkbox"/> Burial at Sea	<input type="checkbox"/> Use by Medical Science	<input type="checkbox"/> Disinterment
9. AUTHORIZATION FOR PERMIT	<input type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment	<input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR <i>(see #11)</i> →	10b. CITY OR TOWN	10c. DATE SIGNED (Mo., Day, Yr.)
11. SIGNATURE OF SUBREGISTRAR →	11b. SUBREGISTRAR OF <i>(List Municipality appointed by):</i>	11c. DATE SIGNED (Mo., Day, Yr.)

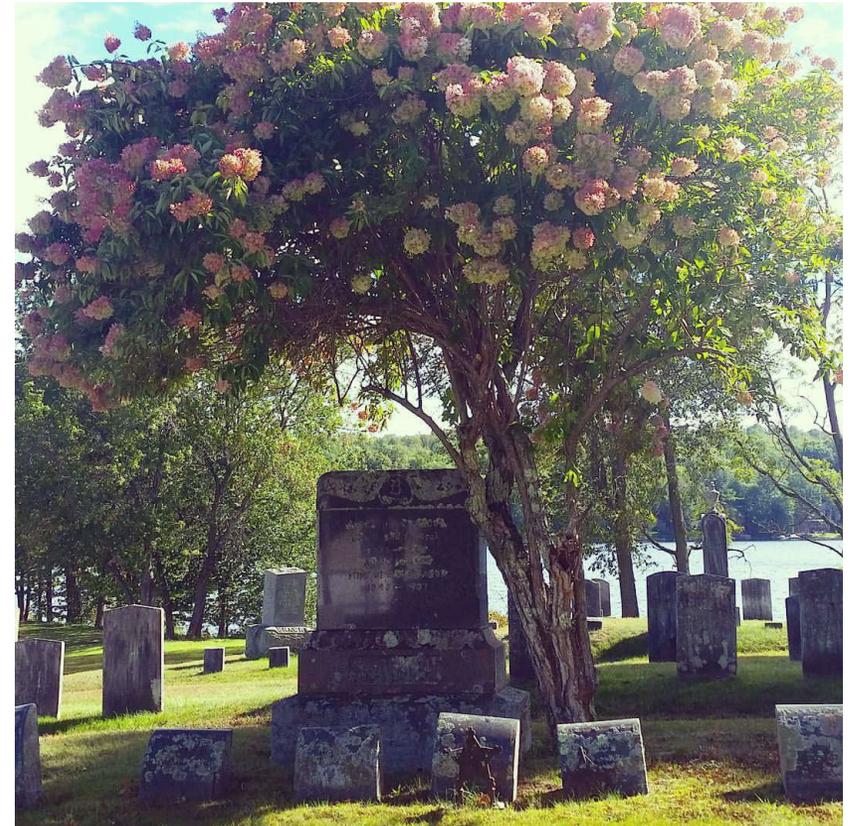
Subregistrars *can not* issue a disposition permit for the disinterment of a body!



Disposition Types and ME Releases

A “method of disposition” must be checked on the death certificate. This will determine if a medical examiner’s release form (VS-37) is needed to accompany the completed death certificate or report of death prior to issuing a disposition permit.

- Methods of disposition that **do not require** a medical release are **temporary storage and burial**.
- Methods of disposition that **require** a medical examiner’s release include **cremation, burial at sea, use by medical science, organic natural reduction*, and removal from state**. A copy of the signed medical examiner’s release must be retained permanently by the municipal clerk who issues the disposition permit. If the death is electronic (2011 to present), the medical examiner’s release form may be scanned and attached to the death case in the Electronic Death Registration System (EDRS).
- Funeral Directors may request and file the medical examiner’s release electronically. If they do not, and opt to do a paper copy, a red “M.E. Release Required” status will show in the status bar. This **does not** impact your ability to issue certified copies. See screenshot below:



/Personal Valid/Medical Valid/Registered/Signed/Certified/NA/M.E. Release Required/ICD Coding Required

Natural Organic Reduction

- With the passing of HP 341/LD 536, Maine became the 12th state to legalize Natural Organic Reduction, also known as human composting, the accelerated process in which human remains are reduced to soil.
- While we won't see Natural Organic Reduction as a method of disposition until a facility is built for this purpose, it is important to note that this is a method of disposition that will require a Medical Examiner's Release prior to issuing a disposition permit.
- Statutory language is not yet available on the Maine Legislature website, however the law can be viewed online: [An Act to Provide Natural Organic Reduction Facilities for Maine Residents for the Conversion of Human Remains to Soil](#)
- An update to the death section of the clerk's handbook regarding Organic Natural Reduction is forthcoming

Disposition Permits

- The municipality listed in 10b or 11b on the Disposition Permit collects the \$20.00 issuing fee (see below).
- The issuing clerk or sub-registrar cannot sign as person in charge of final disposition on the disposition permit unless the remains were placed in temporary storage and the funeral director owns the storage facility specified.
- The place of death municipality, the place the permit issued municipality and/or the Department, and place of final disposition municipality is where the endorsed disposition permit is filed (unless scanned and attached in the EDRS).
- Deaths occurring at the United States Department of Veteran’s Affairs (also known as Togus) are filed directly with the Department and the disposition permit must be issued by the Department or an appointed sub-registrar of the Department. The Department collects the \$25.00 issuing fee.
- NEW: LD465 Allows for an electronic disposition process. As this requires updates to the system, this is not yet live. Training on this will be forthcoming. This law also repeals the requirement for the VS50.



PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE HUMAN REMAINS IDENTIFIED ABOVE		
10. SIGNATURE OF CLERK <i>OR (see #11)</i> ➔	10b. CITY OR TOWN	10c. DATE SIGNED (Mo., Day, Yr.)
11. SIGNATURE OF SUBREGISTRAR ➔	11b. SUBREGISTRAR OF (<i>List Municipality appointed by</i>):	11c. DATE SIGNED (Mo., Day, Yr.)

Permits for Fetal Deaths and Miscarriages

- When issuing a disposition permit for a fetal death (20 weeks or greater) the funeral director or authorized person must present the completed certificate of fetal death and ME Release (if applicable)
- If the permit is for a miscarriage (20 weeks or less), the funeral director or authorized person must present a letter from the medical facility stating the fact of miscarriage, the funeral home or person the remains are being released to, and signature from the health care professional. A ME Release is **not** required for miscarried remains that are being cremated or removed from state.

State of Maine
Department of Health and Human Services
Permit for Disposition of Human Remains

Distribution of Copies: Place of Final Disposition Place Permit Issued
 Place of Death Issuing Clerk – Retain Until Endorsement Received

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.)			2. DATE OF DEATH (Mo., Day, Yr.)		
3. SEX	4. AGE	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input type="checkbox"/>	6. PLACE OF DEATH (City or Town) (State)		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER	
8. PERMISSION REQUESTED FOR: (Check All That Apply) <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment					
<input type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
★ 9. AUTHORIZATION FOR PERMIT	<input type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science		<input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation

Authorization Forms (VS50)

- The Authorization for Burial or Removal of Cremated Remains Form (VS50) was created to track the burial of cremated remains buried in public burying grounds
- Despite the requirement to report these burials, this did not work as intended and was under-reported
- LD 465 Repeals the requirement for the VS-50 (they are now voluntary) and the information gathered will be integrated into the electronic disposition permit which is forthcoming. If you receive completed VS-50s in your municipality, you may still forward them to DRVS for filing.

This page references pages 35-36 of the death manual

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
220 Capitol Street
Augusta, Maine 04333-0011
Tel: (207) 287-3771; Toll Free: (888) 664-9491
TTY: Dial 711 (Maine Relay); Fax (207) 287-1093

State of Maine
Department of Health and Human Services
Authorization for the Burial or Removal of Cremated Remains
(Statute Authority Title 22 §2843 Subsection 3-A)

I hereby provide my consent for the burial or removal of cremated remains for the decedent named below.

1. Signature of Authorized Person or Funeral Director ▶		
2. Authorized Person's or Funeral Director's Printed Name		3. Relationship to Decedent
4. Authorized Person's email address		
5. Decedent's Name (First, Middle, Last, Suffix)		6. Date of Death (mm/dd/yyyy)
		7. Sex
8. Date of Birth (mm/dd/yyyy)	9. Was Decedent Ever in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Country or State of Death
11. Name and Location of Public Burying Ground		12. Location (Plot Number)
13. Signature of Person in Charge of Public Burying Ground or Official ▶		14. Date of Burial or Removal (mm/dd/yyyy)
15. Printed Name of Person in Charge of Public Burying Ground or Official		16. Date Filed (mm/dd/yyyy)
17. Person in Charge of Public Burying Ground or Official's email address		

INSTRUCTIONS The authorized person is responsible for endorsing and completing the decedent's information (items #1 through #10) on the authorization form. The person in charge of the public burying ground* is responsible for endorsing and completing the public burying ground information (items #11 through #17) on the authorization form and returning the form to the State Registrar of Vital Statistics within 7 days after the cremated remains were buried or removed.

Please fax the completed authorization form to (207) 287-1093 or mail to DRVS, 220 Capitol Street, 11 SHS, Augusta, Maine 04333-0011.

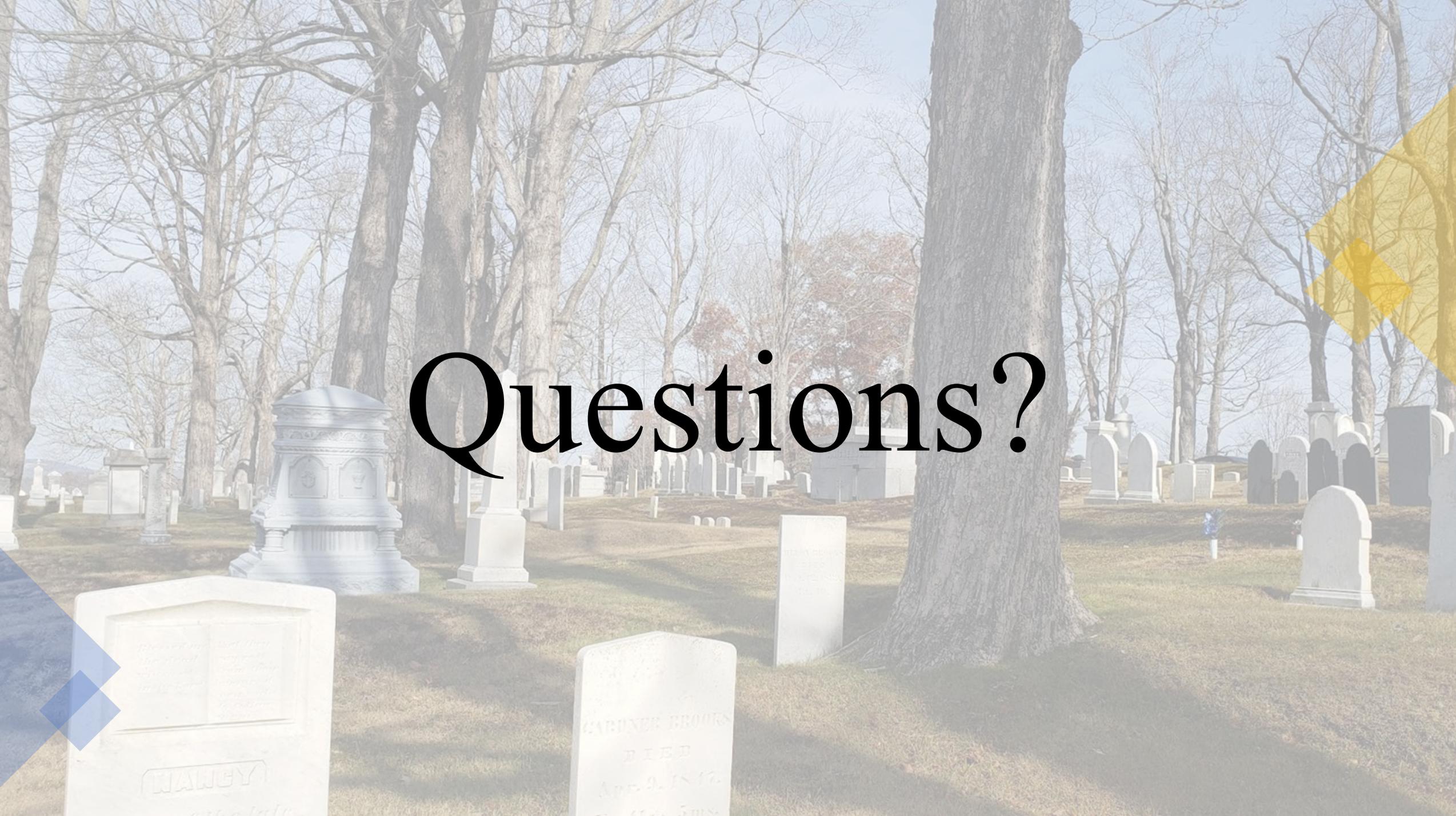
*If there is no person in charge of the public burying ground to endorse the authorization form, an official of the municipality in which the public burying ground is located must endorse and record the date the cremated remains were buried and present the completed and endorsed authorization form to the State Registrar of Vital Statistics within 7 days after the cremated remains were buried.

Title 22 §2846 defines "authorized person" as a member of the immediate family of the deceased, the domestic partner of the deceased, a person authorized in writing by a member of the immediate family of the deceased if no member of the immediate family of the deceased wishes to assume the responsibility or by the domestic partner of the deceased if the domestic partner does not wish to assume the responsibility or, in the absence of immediate family or a known domestic partner, a person authorized in writing by the deceased. A "domestic partner" means one of 2 unmarried adults who are domiciled together under long-term arrangements that evidence a commitment to remain responsible indefinitely for each other's welfare.

Additional Resources

- Maine Funeral Consumer's Alliance
<https://www.fcmaine.net/>
- Order of the Good Death
<https://www.orderofthegooddeath.com/>
- Last Things: Maine's Home Funeral Resource
<https://www.lastthings.net/>





Questions?

