

Janet T. Mills
Governor

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Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
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Augusta, Maine 04333-0011
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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.

Complete items 1-11 and return to the Town of Naples. Thank you.