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November 8th, 2023

**Assembly Committee on Health, Aging and Long-Term Care
Testimony from Rep. William Penterman in favor of AB 443**

Chairman Moses and members of the Assembly Committee on Health:

Thank you for the opportunity to testify in favor of Assembly Bill 443, relating to creation of a cremation permit application form.

During the 2021-2022 Legislative Session, the Legislative Council Study Committee on Uniform Reporting Standards discussed permits required for the cremation of a human corpse. It was determined that changes were needed with new legislation to set up a set of state cremation standards. Current law requires a coroner or medical examiner (CME) to issue a cremation permit prior to the cremation of a human corpse. Not all counties require or use the same cremation permit form.

This legislation requires the Department of Health Services (DHS) to create a cremation permit application form. The cremation permit application form would be used as the cremation permit if the CME of the county issuing the permit determines that it is acceptable. It requires a CME to issue the cremation permit within 24 hours of seeing a corpse or medical certification being submitted, whichever is later. If the CME determines that the corpse requires further examination, the 24-hour deadline for the cremation permit to be submitted is no longer necessary. These changes will make the process more streamlined.

I toured Pederson-Nowalka Funeral Homes in Watertown, WI to learn more about how our current statutes effect the funeral home industry. Similar to other funeral homes, current law leaves the permit process for cremation confusing. By helping to standardize the permit process, this bill will ensure that our local funeral homes are working off of the same form. This bill is supported by the Funeral Service and Cremation Alliance of Wisconsin and the Wisconsin Funeral Directors Association.

Thank you again for your time and consideration of AB 443. I hope you will join Senator Ballweg and me in supporting this legislation.



JOAN BALLWEG

STATE SENATOR · 14TH SENATE DISTRICT

**Assembly Bill 443: Cremation Permit Application
Assembly Committee on Health, Aging and Long-Term Care
Testimony of Senator Joan Ballweg
November 8, 2023**

Good morning, Chair Moses and members of the committee. Thank you for hearing this important piece of legislation.

Your committee recently held a public hearing, and executive session on the legislative proposals released following the work of the Legislative Council Study Committee on Uniform Death Reporting Standards (UDRS). Over the course of the UDRS Study Committee's work members discussed several potential changes under current law to improve death reporting. The Legislative Council Study Committee recommended six bills that fell within the scope of the committee's work.

During our work, there was a discussion regarding permits required for the cremation of a human corpse. Changes to cremation discussed by committee members did not fall under the scope of the study committee's work. As such, it was determined that changes requested to state cremation standards would need to be addressed in separate legislation.

Current law requires a coroner or medical examiner (CME) to issue a cremation permit prior to the cremation of a human corpse. Not all counties require or use the same cremation permit form. This legislation requires the Department of Health Services to create a cremation permit application form. Under this bill, the cremation permit application form may also be used as the cremation permit if the CME of the county issuing the permit determines that is acceptable.

Finally, this bill requires a CME to issue the cremation permit within 24 hours of seeing a corpse or medical certification being submitted, whichever is later. If the CME determines that the corpse requires further examination, the 24-hour deadline for submission of the cremation permit is no longer necessary. Changes made under this bill will make this process more uniform and timely.

This bill is supported by, and created in consultation with, the Funeral Service & Cremation Alliance of Wisconsin. The bill is also supported by the Wisconsin Funeral Directors Association.

Thank you for your consideration of Assembly Bill 443.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

TO: Members of the Assembly Committee on Health, Aging, and Long-Term Care

FROM: HJ Waukau, Legislative Director

DATE: November 8, 2023

RE: AB 443 relating to: creation of a cremation permit application form.

The Department of Health Services (DHS) would like to submit written testimony for information only on Assembly Bill 443 (AB 443), regarding the creation of a permit application form. Under AB 443, DHS would create a cremation permit application and specify that the application must also be able to serve as a cremation permit if the coroner or medical examiner wishes to use it in that capacity.

The bill, as currently written, only requires a Chief Medical Examiner (CME) office to use the DHS designed cremation permit application if their office requires an application. Furthermore, if a CME office does use an application, the bill specifies that the application may be used as a cremation permit if authorized by the coroner or medical examiner of the county where the cremation permit is issued. AB 443 also requires that a CME issue a cremation permit within 24 hours of viewing a corpse or the submission of a medical certification.

The bill would require some uniformity for those applying for cremation permits in situations where an application is required. If uniformity is the goal, it may be worth considering the requirement that all CME offices use the designated application and that all offices utilize the application as the final cremation permit. As currently drafted under AB 443, there could be confusion by partners as to when the form is required and when it is optional, though the bill would create more uniformity than currently exists.

Additionally, the Statewide Vital Records Information System (SVRIS) already contains a form that serves as both a cremation permit application and a cremation permit. This form is currently available within SVRIS for funeral homes and CME offices to access and print as needed. The form has not, however, been published with a DHS form number. DHS would need to update the form design before further publication in addition to developing a communication plan to partners. AB 443 would also have a small fiscal impact for DHS's vital records office and can be absorbed within existing program revenue appropriations.

DHS would like to thank the Committee for the opportunity to submit written testimony for information only and offers itself as a resource for the Committee.



Becker Ritter

Funeral Home & Cremation Services

Tower Chapel and Dining Facility

November 8, 2023

Representative Clint Moses
Chair, Assembly Committee on Health, Aging & Long-Term Care
Wisconsin State Capitol
2 E. Main St.
Madison, WI 53703

Representative Moses and members of the Assembly Committee on Health, Aging & Long-Term Care,

Thank you for letting me testify today in support of Assembly Bill 443, which would create a uniform cremation permit application form. My name is Tara Steininger and I'm currently the Managing Partner at Becker-Ritter Funeral Home in Elm Grove, WI. I've just celebrated my 22nd year in the funeral industry and have served numerous families throughout my career.

During the summer of 2022, I was a member of the Uniform Death Reporting Study Committee. The committee discussed many issues related to standardizing the death reporting process in Wisconsin, and I provided a funeral director perspective. Funeral directors are intimately involved in death reporting. We are required to collect information and sign the death certificate, apply for the cremation permit if cremation is the chosen disposition, and work with the family throughout the entire process. While the study committee produced a lot of good legislation to assist in the death reporting process, the cremation portion was not a part of the package of bills that resulted from our work.

AB 443 would extend the work of the committee to the cremation permit process. The state of Wisconsin requires a cremation permit before a body can be cremated. Currently, each of the 72 counties has their own process by which one applies for a cremation permit. I've included examples of the applications I use every day in the counties where I work. The forms are basically all the same, but each county has their own process by which to apply for the cremation permit. SB 440 would streamline this process and create a uniform application form that any funeral director can use regardless of the county in which they work.

Thank you for allowing me to testify today. I'm happy to answer any questions you may have.

Sincerely,

Tara Steininger

Recipient of the National Funeral Directors "Pursuit of Excellence Award"

14075 West North Avenue • Brookfield, Wisconsin 53005 • (262) 782-5330 • www.beckerritter.com

Please make sure **ALL** information is complete before submitting.

WAUKESHA COUNTY MEDICAL EXAMINER'S OFFICE
515 W. Moreland Boulevard
Waukesha, WI 53188
Phone: (262) 548-7575 Fax: (262) 896-8079

A fax attestation form is also required before a permit is issued, unless DC is signed by our office.

*** CREMATION REQUEST FORM ***

Decedent Information

Please answer COVID question below

Name _____ COVID POSITIVE? Y N

Date of Birth _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____

Date of Death _____ Time Pronounced _____ AM / PM

Death Pronounced by _____
(Name of - Physician, Hospice RN, Medical Examiner/Coroner staff)

Place of Death _____
(Name of: Hospital or Facility; Residence; OR other location address)

Death Certificate Certifier _____

Funeral Home Information

Funeral Home Becker Ritter

Address 14075 W. North Ave. Brookfield WI 53005

Phone 262-782-5330 Fax 262-780-3044 Director _____

Family Information

Name of Person Requesting Cremation _____

Relationship to decedent _____

Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____

Cremation Information

Direct Cremation (Y/N)? Lie in state OR Private View (Y/N)? If yes, when: _____

Cremation View location Becker Ritter

Is the body at this location now (Y/N)? If no - when _____

Was an autopsy performed (Y/N)? If yes, where _____

Crematory Name _____

Do Cremains need to be ready by a specific date? If so, when? _____

**This form does not constitute or imply permission to cremate and is intended solely for information gathering purposes only.

****WFCAP cases - PLEASE submit NOD forms promptly so applicable fees can be written off. ****



PRELIMINARY INFORMATION FORM
MILWAUKEE COUNTY MEDICAL EXAMINER'S OFFICE
933 West Highland
Milwaukee, WI 53233
(414) 223-1200 FAX (414) 223-1237

All attempts will be made to provide same day service for requests received by 8:00am.

PLEASE PRINT OR TYPE CLEARLY

Name of Deceased: _____

Home Address: _____

City _____ State _____ Zip Code _____

Date of Birth _____ Age _____

Date of Death _____ Time of Death (military) _____

Death Certificate Signed By: _____ Phone: _____

Location of Death: _____

Name and Location of Funeral Home:

Name of Funeral Director: _____ Phone: _____

Name of Person Requesting Cremation: _____

Relationship to Deceased: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (____) _____

View at Which Location: _____

Is Body at this Location Now: Yes ___ No ___ If "No", then when _____

Where cremating: _____

This form does not constitute or imply permission to cremate and is intended solely for information gathering purposes only.

PRELIMINARY INFORMATION FORM

RACINE COUNTY MEDICAL EXAMINER'S OFFICE

1717 Taylor Ave
Racine, Wisconsin 53403
Office (262) 636-3303 FAX (262) 636-3728

Name of the Deceased _____

Home/Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Date of Death _____ Age _____

Time of Death _____

Physician Pronouncing Death: _____

Death Certificate Signed By: _____

Where Death Occurred (Where pronounced i.e. hospital, residence, nursing home):

Name and Location of Funeral Home: _____

Name of Funeral Director _____

Funeral Home Phone Number _____

Name of Person Requesting Cremation _____

Relationship to Deceased _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number () - _____

Direct Cremation: ___ Yes ___ No

Lie in Repose: ___ Yes ___ No If "Yes", date / time _____

View at Which Location _____

Is the Body at This Location Now: ___ Yes ___ No If "No", then When _____

Autopsy Performed: ___ Yes ___ No If "yes", where performed _____

Where Cremating _____

** This form does not constitute or imply permission to cremate and is intended solely for information gathering purposes only.*



Washington County Medical
Examiner's Office

500 Rolfs Avenue, Room 1130
West Bend, WI 53090-2603
(262) 335-4460
FAX (262) 335-7715

Cremation Request Form

Decedent Information

Name of deceased: _____

DOB: _____ DOD: _____ Age: _____

Death Certificate Certifier: _____

Location of Death: _____

Name & Location of Funeral Home: _____

Is body ready for view? Yes No

If no, when? _____

****Please return this completed form to wcmeo@washcowisco.gov****

Outside county funeral homes, please call 262-335-4460 to schedule a view at our morgue in West Bend, WI.

DISCOVER. CONNECT. PROSPER.