



JOAN BALLWEG

STATE SENATOR · 14TH SENATE DISTRICT

**Senate Bill 440: Cremation Permit Application
Senate Committee on Health
Testimony of Senator Joan Ballweg
October 4, 2023**

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

Your committee recently held a public hearing 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 Senate Bill 440.



WILLIAM PENTERMAN

STATE REPRESENTATIVE • 37TH ASSEMBLY DISTRICT

(608) 237-9137
Toll-Free: (888) 534-0037
Rep.Penterman@legis.wisconsin.gov

P.O. Box 8953
Madison, WI 53708-8953

October 4th, 2023

Senate Committee on Health

Testimony from Rep. William Penterman in favor of SB 440

Chairman Cabral-Guevara and members of the Senate Committee on Health:

Thank you for the opportunity to testify in favor of Senate Bill 440, 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. Changes made under this bill will make this process more uniform and timely.

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 SB 440. I hope you will join Senator Ballweg and me in supporting this legislation.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

TO: Members of the Senate Committee on Health

FROM: HJ Waukau, Legislative Director

DATE: October 4, 2023

RE: SB 440 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 Senate Bill 440 (SB 440), regarding the creation of a permit application form. Under SB 440, 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. SB 440 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 SB 440, 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. SB 440 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

October 4, 2023

Senator Rachael Cabral-Guevara
Chair, Senate Committee on Health
Wisconsin State Capitol
2 E. Main St.
Madison, WI 53703

Senator Cabral-Guevara and members of the Senate Committee on Health,

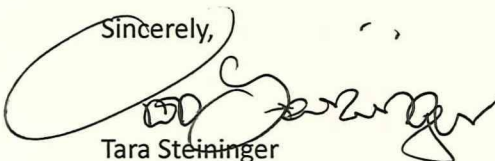
Thank you for letting me testify today in support of Senate Bill 440, which would create a uniform cremation permit application form. My name is Tara Steining and I'm currently the Managing Partner at Becker-Ritter Funeral Home in Elm Grove, WI. I've just celebrated my 22nd year in the funeral industry 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.

SB 440 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 Steining

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

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



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
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.*

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 Remains 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*****

KENOSHA COUNTY MEDICAL EXAMINER'S OFFICE

1000 55th Street

Kenosha, Wisconsin 53140

Office (262) 653-3869 FAX (262) 653-3877

Name of the Deceased: _____

Home/Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Date of Death: _____ Age: _____

Person Pronouncing Death: _____ Time of Death: _____

Death Certificate Signed By: _____

Place of Death (i.e.-Hospital, Residence, N.H.): _____

Name and Location of Funeral Home: _____

Funeral Director: _____ F.H. Phone Number: _____

Name of Person Requesting Cremation: _____

Relationship to Deceased: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Direct Cremation: Yes No If "No", date/time of viewing: _____

View at which location: _____

Is the body at the location now: Yes No If "No", then when: _____

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

Name of Crematory: _____

** 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.*

CREMATION RELEASE

OFFICE OF THE CORONER/MEDICAL EXAMINER

Coroner/ME Case Number: _____

DECEDENT DEMOGRAPHIC							
Decedent's Current Legal Name - First		Middle		Last		Suffix	
Sex	Date Pronounced Dead	Time Pronounced Dead(0000-2359)	Date of Birth (MM/DD/YYYY)	Age at Death <input type="checkbox"/> Years <input type="checkbox"/> Days <input type="checkbox"/> Mins <input type="checkbox"/> Months <input type="checkbox"/> Hours			
Hospital Death: <input type="checkbox"/> Inpatient <input type="checkbox"/> DOA from NH <input type="checkbox"/> DOA from Other <input type="checkbox"/> Outpatient <input type="checkbox"/> ER from NH <input type="checkbox"/> ER from Other		Other Place of Death <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Hospice Facility <input type="checkbox"/> CBRF <input type="checkbox"/> Residence Care Apt (RCAC) <input type="checkbox"/> Adult Family Home (AFH) <input type="checkbox"/> Other					
State of Death (If not in U.S., list country)		County of Death		City, Village, Township of Death		Check One: <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township	
If applicable, Facility Name			Street Address			Zip Code	
Decedent's Residence Country/State		County of Residence		City, Village, Township of Residence		Check One: <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township	
Residence Address						Zip Code	
MANNER AND CAUSE OF DEATH							
Certifier Type <input type="checkbox"/> Physician <input type="checkbox"/> Coroner/Medical Examiner		Certifier's Name (First Last, Title)				License Number	
Certifier's Mailing Address (Street, City, State, Zip Code)							
Certifier's Phone Number				Certifier's Fax Number			
Manner of Death <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending							
Part I - Cause of Death						Interval Between Onset and Death	
a.							
b.							
c.							
d.							
Part II - Other Significant Conditions Contributing to Death							
CREMATION RELEASE APPLICANT AND FUNERAL DIRECTOR							
Name of Applicant Requesting the Cremation		Relationship to Decedent		Applicant's Mailing Address			
Funeral Home Name				Funeral Home Mailing Address			
Funeral Director's Full Name			Funeral Director's Signature			FD Phone Number	
DECEDENT'S BODY IDENTIFIED BY							
Check One: <input type="checkbox"/> Applicant for Cremation Release <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other - Name: _____						Relationship to Decedent	
Phone Number		Mailing Address					
CREMATION RELEASE AUTHORIZATION							
Name and Address of Crematory							
Date Cremation May Occur				Hour Cremation May Occur			
Communicable Disease Alert: Is there any communicable disease or condition documented in the Coroner/Medical Examiner case file for the decedent named on this form which indicates that isolation techniques (over and above universal precautions) should be used for preparation and body handling during the cremation? <input type="checkbox"/> No <input type="checkbox"/> Yes, If "Yes", specify the condition and precautions to be used:							
Internal Foreign Object Alert: Does the decedent have any internal electromechanical device or any other foreign object? <input type="checkbox"/> No <input type="checkbox"/> Yes, If "Yes", specify the condition and precautions to be used:							
Name and Title of Coroner/M.E. Signing this release							
This is to certify that, in accordance with Wis. Stats. 979.10, I have viewed the body and made personal inquiry into the cause and manner of death of the decedent named on this form. I am of the opinion that no further examination or judiciary inquiry concerning the death of this individual is necessary and that cremation may occur on or after:						Date Signed	
Signature of Coroner/M.E.							
Any person who knowingly and willingly participates in the cremation of human remains without obtaining a signed cremation release from the coroner/medical examiner of jurisdiction may be fined not more than \$10,000 or imprisoned for not more than 9 months or both (Wis. Stats. 979.10). NOTE: THIS DOCUMENT DOES NOT OVERRIDE THE WISHES OF THE NEXT OF KIN REGARDING THE FINAL DISPOSITION OF THE REMAINS.							