

State:	Vermont
--------	---------

Inquiry 1: How long can I keep the body at home after death and under what conditions?

There are no statutes or regulations that address this question.

Inquiry 2: Does my state require the body to be embalmed? Refrigerated?

There are no statutes or regulations that address this question.

Inquiry 3: What methods of disposition are legal in my state?

Vermont law mentions burial, cremation, entombment, natural organic reduction, donation to medical science, and removal to another state.

Inquiry 4: Are there any circumstances under which I would be required to wait before final disposition?

Vt. Stat. Ann. tit. 18, § 5205

(a) When a person dies from violence, or suddenly when in apparent good health or when unattended by a physician or a recognized practitioner of a well-established church, or by casualty, or by suicide or as a result of injury or when in jail or prison, or any psychiatric hospital, or in any unusual, unnatural, or suspicious manner, or in circumstances involving a hazard to public health, welfare, or safety, the head of the household, the jailer, or the superintendent of a psychiatric hospital where such death occurred, or the next of kin, or the person discovering the body or any doctor notified of the death, shall immediately notify the medical examiner who resides nearest the town where the death occurred and immediately upon being notified, such medical examiner shall notify the State's Attorney of the county in which the death occurred. The State's Attorney shall thereafter be in charge of the body and shall issue such instructions covering the care or removal of the body as he or she shall deem appropriate until he or she releases same.

(b) The medical examiner and a designated law enforcement officer shall thereupon together immediately make a proper preliminary investigation.

(c) Unless the cause and manner of death is uncertain, such medical examiner shall complete and sign a certificate of death. The medical examiner and the designated law enforcement officer shall each submit a report of investigation to the State's Attorney and the Chief Medical Examiner. If, however, the cause or circumstances of death are uncertain, he or she shall immediately so advise the State's Attorney of the county where the death occurred and notify the Chief Medical Examiner.

(d) The State's Attorney of each county, with the advice of the Commissioner of Public Safety or his or her designee, the sheriff, and the Chief of Police of any established Police Department, shall prepare a list of law enforcement

officers in his or her county qualified to make an investigation and report. This list shall be made available to the medical officers concerned and such other persons as the State's Attorney deems proper.

(e) If an undertaker or embalmer shall, in the course of his or her employment, find evidence of physical violence on the body or evidence of an unlawful act sufficient to indicate to such a person that death might have been the result of an unlawful act, he or she shall immediately notify the State's Attorney of the county where the body is then located and shall proceed no further with the preparation and embalming process of such body until permitted to do so by the State's Attorney.

(f) The State's Attorney or Chief Medical Examiner, if either deem it necessary and in the interest of public health, welfare, and safety, or in furtherance of the administration of the law, may order an autopsy to be performed by the Chief Medical Examiner or under the Chief Medical Examiner's direction. Upon completion of the autopsy, the Chief Medical Examiner shall submit a report to such State's Attorney and the Attorney General and shall submit a report of death to the State Registrar. Upon the written request of a federal prosecutor or a prosecutor in another state, the Chief Medical Examiner shall submit a report of a death to the requesting office.

(g) When a person who is committed to the custody of the Department of Corrections or who is under the supervision of the Department of Corrections dies, the Commissioner of Corrections may request to be provided with a copy of any and all reports generated pursuant to subsection (f) of this section. No such request shall be granted where the medical examiner is unable to determine a manner of death or the manner of death is classified as a homicide. In other circumstances, the request shall be granted in the discretion of the Medical Examiner for good cause shown. Reports disclosed pursuant to this subsection shall remain confidential as required by law and shall not be considered to be a public record pursuant to 1 V.S.A. § 317.

Inquiry 5: What do I need to do to get a death certificate?

Vt. Stat. Ann. tit. 18, § 5202

(a)(1) Within 24 hours after a death, the licensed health care professional who last attended a deceased person shall submit the medical portion of a report of death in a manner prescribed by the State Registrar. If the licensed health care professional who attended the death is unable to state the cause of death, he or she shall immediately notify the licensed health care professional, if any, who was in charge of the patient's care, and he or she shall fulfill this requirement.

(2) If neither health care professional is able to state the cause of death, the provisions of section 5205 of this title apply.

(3) The licensed health care professional may delegate to the funeral director or the person in charge of the body, with that individual's consent, the responsibility of completing the nonmedical portion of the report of death.

(4) The State Registrar shall furnish the agency responsible for veterans' affairs information as to the deceased's status as a veteran.

(5) The State Registrar shall register the report of death in the Statewide Registration System upon receipt of the required information. The portion of the report of death that is not confidential under section 5014 of this title is the death certificate.

(b) When a death certificate is not available prior to burial or transportation of a body, any licensed health care professional who has access to the facts and can certify that the death is not subject to the provisions of section 5205 of this title may complete and sign a preliminary report of death on a form prescribed by the State Registrar. The health care professional may delegate completion of the nonmedical facts to any funeral director or person in charge of the body with access to the nonmedical facts, with that individual's consent. A person authorized to issue a burial-transit permit shall accept a properly completed preliminary report and issue a burial-transit permit. The preliminary report may be destroyed six months after the death certificate has been registered. This subsection does not relieve a licensed health care professional from his or her responsibilities under subsection (a) of this section.

Vt. Stat. Ann. tit. 18, § 5207

Within 24 hours after death, the death certificate shall be made available upon request to the family of the deceased, if any, or the undertaker or person who has charge of the body. The certificate shall be filed with the person issuing the burial-transit permit obtained by the person who has charge of the body before permanent disposition or removal from the town. When the death certificate is so filed, the officer or person shall immediately issue a burial-transit permit under legal restrictions and safeguards.

Inquiry 6: What do I need to do to get a burial-transit permit? Is there a wait period before I can receive a burial-transit permit?

Vt. Stat. Ann. tit. 18, § 5201

(a) A dead body shall not be buried, entombed, or removed, or otherwise disposed of without a burial-transit permit issued and signed by a municipal clerk, a county clerk, or a deputy clerk for the municipality or unorganized town or gore in which the dead body is located; a funeral director licensed in Vermont; an owner or designated manager of a licensed disposition facility in Vermont who is registered to perform removals; or a law enforcement officer.

(1) The clerk of the municipality shall provide for issuing burial-transit permits when the clerks' offices are closed. The municipal clerk shall appoint one or more deputies for this purpose and record the name of the deputy or deputies appointed in the municipal records and notify the Commissioner of Health of the names and residences of the deputy or deputies appointed.

(2) The county clerk of a county in which an unorganized town or gore is located shall perform the same duties and be subject to the same penalties as a municipal clerk in respect to issuing burial-transit permits and registering deaths that occur in an unorganized town or gore within the county.

(3) A funeral director licensed in Vermont or an owner or designated manager of a licensed disposition facility in Vermont who is registered to perform removals may issue a burial-transit permit for any municipality or unorganized town or gore at any time, including during the normal business hours of a municipal clerk.

(4) After a burial-transit permit is issued, the person who issued the permit shall forward the death certificate or preliminary report and the record of the burial-transit permit to the clerk of the municipality, or to the clerk of the county, in the case of an unorganized town or gore, where death occurred on the first official working day thereafter.

(5) In cases of death by certain communicable diseases as defined by the Commissioner, the municipal or county clerk, a deputy registrar, a funeral director, a crematory owner or manager, or a law enforcement officer shall not issue a burial-transit permit except in accordance with instructions issued by the Commissioner.

(6) A body for which a burial-transit permit has been secured, except one for the body of any person whose death occurred as a result of a communicable disease, as defined by the Commissioner, may be taken through or into another municipality or unorganized town or gore for funeral services without additional permits from the local health officer or the Commissioner.

(b) An operator of a disposition facility shall not cremate or process by means of natural organic reduction or allow the cremation or processing by means of natural organic reduction of a dead human body until the passage of at least 24 hours following the death of the decedent, as indicated on the death certificate, unless, if the decedent died from a virulent, communicable disease, a Department of Health rule or order requires the cremation or natural organic reduction to occur prior to the end of that period. If the Attorney General or a State's Attorney requests the delay of a cremation or natural organic reduction based upon a reasonable belief that the cause of death might have been due to other than accidental or natural causes, the cremation or natural organic reduction of a dead human body shall be delayed, based upon such request, a sufficient time to permit a civil or criminal investigation into the circumstances that caused or contributed to the death.

(c) The person in charge of the body shall not release for cremation or natural organic reduction the body of a person who died in Vermont until the person in charge has received a certificate from the chief, regional, or assistant medical examiner that the medical examiner has made personal inquiry into the cause and manner of death and is satisfied that no further examination or judicial inquiry concerning it is necessary. Upon request of a funeral director, the person in charge of the body, or the operator of a disposition facility, the Chief Medical Examiner shall issue a disposition certificate after the medical examiner has completed an autopsy. The certificate shall be retained by the disposition facility for a period of three years. The person requesting cremation or natural organic reduction shall pay the Department a fee of \$25.00.

(d)(1) For all cremations or natural organic reductions requested for the body of a person who died outside Vermont, the operator of a disposition facility shall do the following before conducting the cremation or natural organic reduction:

(A) obtain a permit for transit, cremation, or natural organic reduction; and

(B) comply with the laws of the state in which the person died, including obtaining a copy of a medical examiner's permit if one is required.

(2) No additional approval from the Vermont medical examiner's office is required if compliance with the laws of the state in which the person died is achieved.

Inquiry 7: Personal Preference Statute

Vt. Stat. Ann. tit. 18, § 9702

(a) An adult may do any or all of the following in an advance directive: ...

(16) direct the manner of disposition of the principal's remains and the funeral goods and services to be provided;
(17) identify a pre-need contract entered into with a funeral director, crematory, or cemetery; and
(18) except as provided in subsection (d) of this section, appoint an individual to make or refuse to make an anatomical gift, and to arrange for the disposition of the principal's remains, including funeral goods and services.

Vt. Stat. Ann. tit. 18, § 9703

(a) An adult with capacity may execute an advance directive at any time.

(b)(1) The advance directive shall be dated, executed by the principal or by another individual in the principal's presence at the principal's express direction if the principal is physically unable to do so, and signed by two or more witnesses at least 18 years of age, who shall sign and affirm that the principal appeared to understand the nature of the document and to be free from duress or undue influence at the time the advance directive was signed.

(2) On and after April 1, 2024, the principal shall have either signed in the physical presence of the witness or the following conditions shall have been met if the witness is a remote witness:

(A) the principal and the remote witness were known to each other;

(B) based on communication between the principal and the remote witness through a live, interactive, audio-video connection or by telephone, the remote witness attested that the principal seemed to understand the nature of the document and to be free from duress or undue influence at the time the advance directive was signed; and

(C) the principal included on the advance directive the name and contact information for the remote witness and the nature of the principal's relationship to the remote witness.

(3) A health care provider may serve as a witness to the principal's execution of the advance directive under this subsection.

(4) If the principal is being admitted to or is a resident of a nursing home or residential care facility or is being admitted to or is a patient in a hospital at the time of execution, the individual who explained the nature and effect of the advance directive to the principal pursuant to subsection (d) or (e) of this section may also serve as one of the witnesses to the principal's execution of the advance directive under this subsection.

(c) Neither the agent appointed by the principal nor the principal's spouse, parent, adult sibling, adult child, or adult grandchild may witness the advance directive.

(d)(1) An advance directive shall not be effective if, at the time of execution, the principal is being admitted to or is a resident of a nursing home as defined in 33 V.S.A. § 7102 or a residential care facility, unless one of the following individuals explains the nature and effect of an advance directive to the principal and signs a statement affirming that the individual has provided the explanation:

(A) an ombudsman;

(B) a recognized member of the clergy;

(C) an attorney licensed to practice in this State;

(D) a Probate Division of the Superior Court designee;

(E) an individual designated by a hospital pursuant to subsection 9709(d) of this title;

(F) a mental health patient representative;

(G) an individual who is volunteering at the nursing home or residential care facility without compensation and has received appropriate training regarding the explanation of advance directives; or

(H) a clinician, provided the clinician is not employed by the nursing home or residential care facility at the time of the explanation.

(2) It is the intent of this subsection to ensure that residents of nursing homes and residential care facilities are willingly and voluntarily executing advance directives.

(3) The individual who explains the nature and effect of an advance directive to the principal under this subsection may be physically present in the same location as the principal at the time of the explanation or may deliver the explanation to the principal through a live, interactive, audio-video connection or by telephone.

(e)(1) An advance directive shall not be effective if, at the time of execution, the principal is being admitted to or is a patient in a hospital, unless one of the following individuals explains the nature and effect of an advance directive to the principal and signs a statement affirming that the individual has provided the explanation:

(A) an ombudsman;

(B) a recognized member of the clergy;

(C) an attorney licensed to practice in this State;

(D) a Probate Division of the Superior Court designee;

(E) an individual designated by the hospital pursuant to subsection 9709(d) of this title; or

(F) a mental health patient representative.

(2) The individual who explains the nature and effect of an advance directive to the principal under this subsection may be physically present in the same location as the principal at the time of the explanation or may deliver the explanation to the principal through a live, interactive, audio-video connection or by telephone.

(f) A durable power of attorney for health care, terminal care document, or advance directive executed prior to the enactment of this chapter shall be a valid advance directive if the document complies with the statutory requirements in effect at the time the document was executed or with the provisions of this chapter.

(g) A principal, a witness, or an individual who explains an advance directive under subsection (d) or (e) of this section may sign the advance directive or the explanation affirmation statement using a digital signature, provided that, for a remote witness, the conditions set forth in subdivision (b)(2) of this section shall be met.

Vt. Stat. Ann. tit. 18, § 9712

(a) An individual appointed to arrange for the disposition of the principal's remains shall make those decisions based upon the principal's specific instructions contained in an advance directive or pre-need contract entered into with a funeral director, crematory operator, or cemetery official, or, if there are no such instructions, in accordance with the principal's wishes expressed orally or the knowledge of the agent or guardian of the principal's values or religious or moral beliefs.

Inquiry 8: Designated Agent Statute

Vt. Stat. Ann. tit. 18, § 9702

(a) An adult may do any or all of the following in an advance directive: ...

(16) direct the manner of disposition of the principal's remains and the funeral goods and services to be provided;

(17) identify a pre-need contract entered into with a funeral director, crematory, or cemetery; and

(18) except as provided in subsection (d) of this section, appoint an individual to make or refuse to make an anatomical gift, and to arrange for the disposition of the principal's remains, including funeral goods and services.

Vt. Stat. Ann. tit. 18, § 9703

(a) An adult with capacity may execute an advance directive at any time.

(b)(1) The advance directive shall be dated, executed by the principal or by another individual in the principal's presence at the principal's express direction if the principal is physically unable to do so, and signed by two or more witnesses at least 18 years of age, who shall sign and affirm that the principal appeared to understand the nature of the document and to be free from duress or undue influence at the time the advance directive was signed.

(2) On and after April 1, 2024, the principal shall have either signed in the physical presence of the witness or the following conditions shall have been met if the witness is a remote witness:

(A) the principal and the remote witness were known to each other;

(B) based on communication between the principal and the remote witness through a live, interactive, audio-video connection or by telephone, the remote witness attested that the principal seemed to understand the nature of the document and to be free from duress or undue influence at the time the advance directive was signed; and

(C) the principal included on the advance directive the name and contact information for the remote witness and the nature of the principal's relationship to the remote witness.

(3) A health care provider may serve as a witness to the principal's execution of the advance directive under this subsection.

(4) If the principal is being admitted to or is a resident of a nursing home or residential care facility or is being admitted to or is a patient in a hospital at the time of execution, the individual who explained the nature and effect of the advance directive to the principal pursuant to subsection (d) or (e) of this section may also serve as one of the witnesses to the principal's execution of the advance directive under this subsection.

(c) Neither the agent appointed by the principal nor the principal's spouse, parent, adult sibling, adult child, or adult grandchild may witness the advance directive.

(d)(1) An advance directive shall not be effective if, at the time of execution, the principal is being admitted to or is a resident of a nursing home as defined in 33 V.S.A. § 7102 or a residential care facility, unless one of the following individuals explains the nature and effect of an advance directive to the principal and signs a statement affirming that the individual has provided the explanation:

(A) an ombudsman;

(B) a recognized member of the clergy;

(C) an attorney licensed to practice in this State;

(D) a Probate Division of the Superior Court designee;

(E) an individual designated by a hospital pursuant to subsection 9709(d) of this title;

(F) a mental health patient representative;

(G) an individual who is volunteering at the nursing home or residential care facility without compensation and has received appropriate training regarding the explanation of advance directives; or

(H) a clinician, provided the clinician is not employed by the nursing home or residential care facility at the time of the explanation.

(2) It is the intent of this subsection to ensure that residents of nursing homes and residential care facilities are willingly and voluntarily executing advance directives.

(3) The individual who explains the nature and effect of an advance directive to the principal under this subsection may be physically present in the same location as the principal at the time of the explanation or may deliver the explanation to the principal through a live, interactive, audio-video connection or by telephone.

(e)(1) An advance directive shall not be effective if, at the time of execution, the principal is being admitted to or is a patient in a hospital, unless one of the following individuals explains the nature and effect of an advance directive to the principal and signs a statement affirming that the individual has provided the explanation:

(A) an ombudsman;

(B) a recognized member of the clergy;

(C) an attorney licensed to practice in this State;

(D) a Probate Division of the Superior Court designee;

(E) an individual designated by the hospital pursuant to subsection 9709(d) of this title; or

(F) a mental health patient representative.

(2) The individual who explains the nature and effect of an advance directive to the principal under this subsection may be physically present in the same location as the principal at the time of the explanation or may deliver the explanation to the principal through a live, interactive, audio-video connection or by telephone.

(f) A durable power of attorney for health care, terminal care document, or advance directive executed prior to the enactment of this chapter shall be a valid advance directive if the document complies with the statutory requirements in effect at the time the document was executed or with the provisions of this chapter.

(g) A principal, a witness, or an individual who explains an advance directive under subsection (d) or (e) of this section may sign the advance directive or the explanation affirmation statement using a digital signature, provided that, for a remote witness, the conditions set forth in subdivision (b)(2) of this section shall be met.

Inquiry 9: Right of Sepulcher Statute

Vt. Stat. Ann. tit. 18, § 5227

(a) If there is no written directive of the decedent, in the following order of priority, one or more competent adults shall have the right to determine the disposition of the remains of a decedent, including the location, manner, and conditions of disposition and arrangements for funeral goods and services:

- (1) an individual appointed to arrange for the disposition of decedent's remains pursuant to chapter 231 (advance directives) of this title;
 - (2) a surviving spouse of the decedent;
 - (3) a sole surviving child of the decedent or a majority of the surviving children, except as provided for in subdivision (b)(1) of this section, provided that if the child is a minor, his or her interest may only be effected by a legal guardian appointed by the Probate Division of the Superior Court;
 - (4) in the case of a minor or a disabled adult, the custodial parent or the parent who had been providing the primary physical care of the decedent or, if not applicable, a sole surviving parent, or both parents, of the decedent, or either parent as provided for in subdivision (b)(2) of this section;
 - (5) a sole surviving sibling of the decedent or a majority of the surviving siblings, except as provided for in subdivision (b)(3) of this section;
 - (6) any other family member, in descending order of kinship under the laws of descent and distribution, except that if there is more than one family member of the same degree of relation, a majority of family members of that degree, except as provided in subdivision (b)(4) of this section, may exercise the right of disposition;
 - (7) a guardian of the decedent at the time of death;
 - (8) any other individual willing to assume the responsibilities to act and arrange the final disposition of the decedent's remains, including the representative of the decedent's estate, after attesting in writing that a good faith but unsuccessful effort has been made to contact the individuals described in subdivisions (1) through (7) of this subsection or that those individuals have waived any interest in exercising their rights under this subchapter;
 - (9) the funeral director or disposition facility operator with custody of the body, after attesting in writing that a good faith effort has been made to contact the individuals described in subdivisions (1) through (8) of this subsection; or
 - (10) the Office of the Chief Medical Examiner when it has jurisdiction and custody of the body, after attesting in writing that a good faith effort has been made to contact the individuals described in subdivisions (1) through (8) of this subsection.
- (b)(1) If there is more than one surviving child of the decedent and a majority of the children is unable to be contacted, less than a majority of the surviving children may make the decisions if they have made prompt, reasonable efforts to contact all other surviving children and prompt efforts to notify them of the proposed decisions, and do not know of any opposition to those decisions.
- (2) If one parent is unable to be contacted, the remaining parent may make the decisions if that parent has made prompt, reasonable efforts to contact the other parent and is not aware of any opposition by the other parent to those decisions.
- (3) If there is more than one surviving sibling of the decedent and a majority of the siblings is unable to be contacted, less than a majority of the surviving siblings may make the decisions if they have made prompt, reasonable efforts to contact all other surviving siblings and prompt efforts to notify them of the proposed decisions, and do not know of any opposition to those decisions.
- (4) If there is more than one family member in the highest applicable order of kinship under the laws of descent and distribution and a majority of these family members is unable to be contacted, less than a majority of the surviving family members in this order may make the decisions if they have made prompt, reasonable efforts to contact all other surviving family members in this order and prompt efforts to notify them of the proposed decisions, and do not know of any opposition to those decisions.

