

Received: \_\_\_\_\_  
Confirmed: \_\_\_\_\_

**Vermont Advance Directive Registry**  
**Registration Agreement & Authorization to Change Form**  
**(Documents A & B per the Vermont Advance Directive Rule)**

Directions

1. Read the Registration Policy on page 3 and complete the relevant sections below. Please type or print clearly.
  - a. **First-time Registrants:** Complete the Required Registrant Information & Document A.
  - b. **Updating an Advance Directive already on file:** Complete the Required Registrant Information & Document B.
2. Attach a signed and witnessed copy of your advance directive.
3. Registrations must include a completed and signed Registration Agreement or Authorization to Change form and a copy of the signed and witnessed advance directive document.
4. Once forms are completed and signed, send forms by email, mail or fax:

E-mail to: VADRSubmissions@uslwr.com

Or Mail to: Vermont Advance Directive Registry (VADR)  
 PO Box 2789  
 Westfield, NJ 07091-2789

Or Fax to: 908-654-1919

For additional information visit: <http://healthvermont.gov/vadr/> or call 1-888-548-9455

**Required Registrant Information**

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Number: Primary (\_\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_\_) \_\_\_\_\_

Would you like to be contacted by e-mail?  No  Yes

Email Address: \_\_\_\_\_

Secondary Mailing Address (if applicable): \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Emergency Contacts**

Primary: Name: \_\_\_\_\_

Relationship to Registrant: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Secondary: Name: \_\_\_\_\_

Relationship to Registrant: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Received: \_\_\_\_\_  
Confirmed: \_\_\_\_\_

**NOTICE: All submissions to the Registry must include a signed and witnessed copy of the registrant's Advance Directive. This applies to both first-time submissions and updates to existing documents.**

**Document A: Registration Agreement**

Complete this section only if this is your first time registering your advance directive.

I, \_\_\_\_\_ (print name) request that my advance directive be registered in the Vermont Advance Directive Registry, and authorize its access as allowed by Vermont law. By signing below, I acknowledge and affirm that: the information provided is accurate; I have read, understand, and agree to the terms of the Registry Registration Policy; I will safeguard my registrant identification number and wallet card from unauthorized access; and I will immediately notify the Registry in writing of changes to my registration information or advance directive. I execute this agreement voluntarily and without coercion, duress, or undue influence by any party. I understand that anyone who has access to my wallet card can use it to gain access to my documents and personal information. This authorization remains in effect until I revoke it.

Signature of Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

**Document B: Authorization to Change**

Complete only if you are currently registered and making updates to an advance directive already on file with the registry.

Check the box below that applies to your submission.

- Amend: Check this box to amend your existing advance directive. Prior document history will be retained in your file.
- Replace: Check this box to replace your existing advance directive. Prior document history will not be retained in your file.
- Suspend: Check this box to temporarily inactivate all or part of your advance directive for a defined period of time.

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

- Revoke: Check this box to delete your advance directive from the registry. (This is a permanent removal from the Registry)

I, \_\_\_\_\_ (print name) certify that this form accurately represents the changes I have made, and these changes are accurate. Additionally, I authorize the changes to be reflected in the Advance Directive Registry.

Signature of Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

## Registration Policy

An advance directive is a legal document that conveys a person's wishes regarding their health care treatment and end of life choices should they become incapacitated or otherwise unable to make those decisions. The Vermont Advance Directive Registry is a database that allows people to electronically store a copy of their advance directive document in a secure database. That database may be accessed when needed by authorized health care providers, health care facilities, residential care facilities, funeral directors, and crematory operators. For more information, visit: <http://healthvermont.gov/vadr/>.

1. To register an advance directive, the registrant must complete and send the Registration Agreement form along with a copy of the advance directive document to:

The Vermont Advance Directive Registry  
PO Box 2789  
Westfield, New Jersey 07091-2789

2. Upon receipt of the Registration Agreement and attachments, the Registry will scan the advance directive and store it in the database along with registrant identifying information from the Registration Agreement. The Registry will send a confirmation letter to the registrant along with a registration number, instructions for using the registration number to access documents at the Registry website, a wallet card, and stickers to affix to a driver's license or insurance card. The registration is not effective until receipt of the confirmation letter and registration materials is made by registrant.
3. Registrants should share the registration number from the wallet card with anyone that should have access to their advance directives: for example, the registrant's agent, family members, or physician. Anyone may access a person's advance directive using the registration number. Additionally, when the registration number is not readily available, an authorized health care provider can search the Registry for a specific person's advance directive using a registrant's personal identifying information.
4. The registrant is responsible for ensuring that:
  - a. The advance directive is properly executed in accordance with the laws of the state of Vermont.
  - b. The copy of the advance directive sent to the Registry, if a photocopy of the original, is correct and readable.
  - c. The information in both the Registration Agreement and advance directive documents is accurate and up to date.
  - d. The Registry is notified as soon as possible of any changes to the advance directive or registration information by completing and submitting an Authorization to Change form with the changes appended, or preferably, with an updated copy of the advance directive to the Registry.
5. Initial registration as well as subsequent changes and updates to the registration information or the advance directive documents are free of charge.
6. The Registration Agreement shall remain in effect until the Registry receives reliable information that the registrant is deceased, or the registrant requests in writing that the Registration Agreement be terminated. When the Agreement is terminated, the Registry will remove registrant's advance directive from the Registry database, and the file will no longer be accessible to providers.
7. Only the Registry can change the terms of the Registration Agreement.





# Vermont Advance Directive for Health Care

*Prepared by the Vermont Ethics Network*

## EXPLANATION & INSTRUCTIONS

- You have the right to:
  1. Name someone else to make health care decisions for you when or if you are unable to make them yourself.
  2. Give instructions about what types of health care you want or do not want.
- It is important to talk with those people closest to you and with your health care providers about your goals, wishes and preferences for treatment.
- You may use this form in its entirety or you may use any part of it. For example, if you only want to choose an agent in Part One, you may fill out just that section and then go to Part Five to sign in the presence of appropriate witnesses.
- You are free to use another form so long as it is properly witnessed. More detailed forms providing greater options and information regarding mental health care preference can be found on the VEN website at [www.vtethicsnetwork.org](http://www.vtethicsnetwork.org).

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**Part ONE** of this form allows you to name a person as your “**agent**” to make health care decisions for you if you become unable or unwilling to make your own decisions. You may also name alternate agents. You should choose someone you trust, who will be comfortable making what might be hard decisions on your behalf. They should be guided by your values in making choices for you **and agree** to act as your agent. You may fill out the Advance Directive form stating your medical preferences *even if you do not identify an agent*. Medical providers will follow your directions in the Advance Directive without an agent to their best ability, but having a person designated as your agent to make decisions for you will help medical providers and those who care for you make the best decisions in situations that may not have been detailed in your Advance Directive. According to Vermont law, next-of-kin will not automatically make decisions on your behalf if you are unable to do so. That is why it is best to appoint someone of your choosing in advance.

**Part TWO** of this form lets you state **Treatment Goals & Wishes**. Choices are provided for you to express your wishes about having, not having, or stopping treatment under certain circumstances. Space is also provided for you to write out any additional or specific wishes based on your values, health condition or beliefs.

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**Part THREE** of this form lets you express your wishes about **Limitations of Treatment**. These treatments include CPR, breathing machines, feeding tubes, and antibiotics. There is space for you to write any additional wishes. NOTE: If you DO NOT want CPR, a breathing machine, a feeding tube, or antibiotics, please discuss this with your doctor, who can complete a **DNR/COLST order** (Do Not Resuscitate/Clinician Order for Life Sustaining Treatment) to ensure that you do not receive treatments you do not want, especially in an emergency. Emergency Medical Personnel are required to provide you with life-saving treatment unless they have a signed DNR/COLST order specifying some limitation

of treatment. If there is no DNR/COLST order the emergency medical team will perform CPR as they will not have time to consult an Advance Directive, your family, agent, or physician.

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**Part FOUR** of this form allows you to express your wishes related to **organ/tissue donation & preferences for funeral, burial and disposition** of your remains.

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**Part FIVE** is for **signatures**. You must sign and date the form in the presence of two adult witnesses. The following persons may not be witnesses: your agent and alternate agents; your spouse or partner; parents; siblings; children or grandchildren.

You should give copies of the completed form to your agent and alternate agent(s), to your physician, your family and to any health care facility where you reside or at which you are likely to receive care. Please note who has a copy of your Advance Directive so it may be updated if your preferences change.

You are also encouraged to send a copy of your Advance Directive to the Vermont Advance Directive Registry with the Registration Agreement Form found at the end of this document.

You have the right to revoke all or part of this Advance Directive for Health Care or replace this form at any time. If you do revoke it, all old copies should be destroyed. If you make changes and have sent a copy of your original document to the Vermont Advance Directive Registry, be sure to send them a new copy or a notification of change form with information needed to update your Advance Directive there.



## **A Comprehensive Guide to Medical Decision-Making**

Includes advance directive form to appoint a health care agent and document treatment preferences



*A publication by the Vermont Ethics Network*

You may wish to read the booklet *Taking Steps* to help you think about and discuss different choices and situations with your agent(s) or loved ones.

Copies of *Taking Steps* can be purchased from:

**Vermont Ethics Network**

**61 Elm Street**

**Montpelier, VT 05602**

**Tel: (802) 828-2909**

**Fax: (802) 828-2646**

**[www.vtethicsnetwork.org](http://www.vtethicsnetwork.org)**

For information about the Vermont Advance Directive Registry visit:

**VEN website: [www.vtethicsnetwork.org](http://www.vtethicsnetwork.org)**

**or**

**Registry website at the Vermont Department of Health: [www.healthvermont.gov/vadr](http://www.healthvermont.gov/vadr)**



# Vermont Advance Directive for Health Care

YOUR NAME		DATE OF BIRTH		DATE	
ADDRESS					
CITY		STATE		ZIP	

## PART ONE: YOUR HEALTH CARE AGENT

Your health care agent can make health care decisions for you when you are unable or unwilling to make decisions for yourself. You should pick someone that you trust, who understands your wishes and *agrees* to act as your agent. Your health care provider may **NOT** be your agent unless they are a relative. Your agent may **NOT** be the owner, operator, employee or contractor of a residential care facility, health care facility or correctional facility where you reside at the time your advance directive is completed.

I appoint this person to be my health care **AGENT**:

AGENT NAME		EMAIL			
ADDRESS					
HOME PHONE		WORK PHONE		CELL PHONE	

(If you appoint **CO-AGENTS**, list them on a separate sheet of paper)

If this agent is **unavailable**, unwilling or unable to act as my agent, I appoint this person as my **ALTERNATE AGENT**:

ALTERNATE AGENT NAME		EMAIL			
ADDRESS					
HOME PHONE		WORK PHONE		CELL PHONE	

Others who may be consulted about medical decisions on my behalf include:

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Primary care provider (Physician, PA or Nurse Practitioner):

NAME		PHONE	
ADDRESS			
NAME		PHONE	
ADDRESS			

Those who should **NOT** be consulted include:

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NAME  DOB  DATE

I want my Advance Directive to start:

- When I cannot make my own decisions
- Now
- When this happens:

## PART TWO: HEALTH CARE GOALS AND SPIRITUAL WISHES

**My overall health care goals include:**

- I want to have my life sustained as long as possible by any medical means.
- I want treatment to sustain my life only if I will:
  - be able to communicate with friends and family.
  - be able to care for myself.
  - live without incapacitating pain.
  - be conscious and aware of my surroundings.
- I only want treatment directed toward my comfort.

Additional Goals, Wishes, or Beliefs I wish to express include:

People to notify if I have a life-threatening illness:

If I am dying it is important for me to be (check choice):

- At home
- In the hospital
- Other:
- No preference

**My Spiritual Care Wishes include:**

My Religion/Faith:

PLACE OF WORSHIP

PHONE

ADDRESS

The following items or music or readings would be a comfort to me:

NAME

DOB

DATE

**PART THREE: LIMITATIONS OF TREATMENT**

You can decide what kind of treatment you want or don't want if you become seriously ill or are dying. Regardless of the treatment limitations expressed, you have the right to have your pain and symptoms (nausea, fatigue, shortness of breath) managed. Unless treatment limitations are stated, the medical team is required and expected to do everything possible to save your life.

**1. If my heart stops (choose one):**

I DO want CPR done to try to restart my heart.  I DON'T want CPR done to try to restart my heart.

*CPR means cardio (heart)-pulmonary (lung) resuscitation, including vigorous compressions of the chest, use of electrical stimulation, medications to support or restore heart function, and rescue breaths (forcing air into your lungs).*

**2. If I am unable to breathe on my own (choose one):**

I DO want a breathing machine without any time limit.  I want to have a breathing machine for a short time to see if I will survive or get better.  I DO NOT want a breathing machine for ANY length of time.

*"Breathing machine" refers to a device that mechanically moves air into and out of your lungs such as a ventilator.*

**3. If I am unable to swallow enough food or water to stay alive (choose one):**

I DO want a feeding tube without any time limits.  I want to have a feeding tube for a short time to see if I will survive or get better.  I DO NOT want a feeding tube for any length of time.

NOTE: If you are being treated in another state your agent may not automatically have the authority to withhold or withdraw a feeding tube. If you wish to have your agent decide about feeding tubes please check the box below.

I authorize my agent to make decisions about feeding tubes.

**4. If I am terminally ill or so ill that I am unlikely to get better (choose one):**

I DO want antibiotics or other medication to fight infection.  I DON'T want antibiotics or other medication to fight infection.

If you have stated you DO NOT want CPR, a breathing machine, a feeding tube, or antibiotics under any circumstances, please discuss this with your doctor who can complete a DNR/COLST form to ensure you don't receive treatments you don't want, particularly in an emergency situation. A DNR/COLST order will be honored outside of the hospital setting.

Additional Limitations of Treatment I wish to include:

NAME  DOB  DATE

## PART FOUR: ORGAN/TISSUE DONATION & BURIAL/DISPOSITION OF REMAINS

### My wishes for organ & tissue donation (check your choices):

I consent to donate the following organs & tissues:

Any needed organs  
 Any needed tissue (skin, bone, cornea)  
 I do not wish to donate the following organs and tissues:   
 I do not want to donate any organs or tissues  
 I want my health care agent to decide

I wish to donate my body to research or educational program(s). (Note: you will have to make your own arrangements with a medical school or other program in advance.)

### My Directions for Burial/Disposition of My Remains after I Die (check & complete):

I have a Pre-Need Contract for Funeral Arrangements:

NAME  PHONE   
ADDRESS

I want the following individuals to decide about my burial or disposition of my remains (check your choices):

Agent    Alternate Agent    Family:

NAME  PHONE   
ADDRESS

Other:

NAME  PHONE   
ADDRESS

### Specific Wishes (check your choices):

I want a Wake/Viewing  
 I prefer a Burial — If possible at the following location: (cemetery, address, phone number)  
  
 I prefer Cremation — With my ashes kept or scattered as follows:  
  
 I want a Funeral Ceremony with a burial or cremation to follow  
 I prefer only a Graveside Ceremony  
 I prefer only a Memorial Ceremony with burial or cremation preceding  
 Other Details: (such as music, readings, Officiant)

NAME DOB DATE **PART FIVE: SIGNED DECLARATION OF WISHES**

You must sign this before TWO adult witnesses. The following people may **not** sign as witnesses: your agent(s), spouse, parents, siblings, children or grandchildren.

**I declare that this document reflects my health care wishes and that I am signing this Advance Directive of my own free will.**

SIGNED DATE 

I affirm that the signer appeared to understand the nature of this advance directive and to be free from duress or undue influence at the time this was signed. *(Please sign and print)*

FIRST WITNESS  
(PRINT NAME) SIGNATURE DATE SECOND WITNESS  
(PRINT NAME) SIGNATURE DATE 

If the person signing this document is being admitted to or is a current patient in a **hospital**, one of the following must sign and affirm that they have explained the nature and effect of the advance directive and the patient appeared to understand and be free from duress or undue influence at the time of signing: *designated hospital explainer, ombudsman, mental health patient representative, recognized member of the clergy, Vermont attorney, or Probate Court designee.*

If the person signing this document is being admitted to or is a resident in a **nursing home or residential care facility**, one of the following must sign and affirm that they have explained the nature and effect of the advance directive and the resident appeared to understand and be free from duress or undue influence at the time of signing: *an ombudsman, recognized member of the clergy, Vermont attorney, Probate Court designee, designated hospital explainer, mental health patient representative, clinician not employed by the facility, or appropriately trained nursing home/residential care facility volunteer.*

**The explainer as outlined above may also serve as one of the two required witnesses.**

NAME TITLE/POSITION PHONE ADDRESS SIGNATURE DATE

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

DATE: \_\_\_\_\_

**The following have a copy of my Advance Directive (please check):** Vermont Advance Directive Registry

Date registered: \_\_\_\_\_

 Health care agent Alternate health care agent Doctor/Provider(s): \_\_\_\_\_ Hospital(s): \_\_\_\_\_ Family Member(s): Please list:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

 Other:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

# Designation of Agent for After Death Arrangements

My Agent shall have full power and authority to act on my behalf, but only to the extent permitted by this Designation of Agent.

I hereby grant to my Agent the full right, power, and authority to do every act, deed, and thing necessary or advisable to be done regarding the above power, as fully as I could do if personally present and acting.

My agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this power of attorney.

I declare under penalty of perjury under the laws of \_\_\_\_\_ that the person who signed or acknowledged this document is personally known to me to be the principal, or that the identity of the principal was proved to me by convincing evidence; that the principal signed or acknowledged this durable power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence; that I am not the person appointed as attorney in fact of this document; and that I am not the principal's health care provider, an employee of the principal's health care provider, the operator of a community care facility or a residential care facility for the elderly, nor an employee of an operator of a community care facility or residential care facility for the elderly.

I further declare under penalty of perjury under the laws of \_\_\_\_\_ that, to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

I, \_\_\_\_\_, of \_\_\_\_\_ do hereby designate  
\_\_\_\_\_ of \_\_\_\_\_, as my Designated Agent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_



## Obituary Checklist

### Name/announcement

- Full name of the deceased, including nickname, if any
- Age at death
- Residence (for example, the name of the city) at death
- Day and date of death
- Place of death
- Cause of death, if choose to include

### Life

- Date and place of birth
- Names of parents
- Childhood: siblings, stories, schools, friends
- Marriage(s): date of, place, name of spouse
- Education: school, college, university and other
- Designations, awards, and other recognition
- Employment: jobs, activities, stories, colleagues, satisfactions, promotions
- Military service
- Places of residence
- Hobbies, sports, interests, activities, and other enjoyment
- Community service, charitable, religious, fraternal, political, or other; positions held
- Achievements
- Unusual attributes, humor, other stories

### Family

Survived by (and place of residence, in order):

- Spouse or partner
- Children (in order of date of birth, and their spouses if desired)
- Grandchildren, great-grandchildren, great-great-grandchildren
- Parents, then grandparents
- Siblings (in order of date of birth)
- Others, such as nephews, nieces, cousins, in-laws
- Friends

Predeceased by (and date of death):

- Spouse or partner
- Children (in order of date of birth), then grandchildren
- Siblings (in order of date of birth)
- Others, such as nephews, nieces, cousins, in-laws
- Pets (if appropriate)

### Service

- Day, date, time, place
- Name of officiate or celebrant, pallbearers, honorary pallbearers
- Visitation information if applicable: day, date, time, place
- Reception information if applicable: day, date, time, place
- Other memorial, vigil, or graveside services if applicable: day, date, time, place
- Place of interment
- Name of funeral home in charge of arrangements if using one
- Where to call for more information (even if no service is planned)

### Donations, Thank You, Quotations

- Memorial funds, memorial donation suggestions, including addresses
- Thank you to people, groups, or institutions
- Quotation or poem



## FAQs

### **Is it legal to manage funerals yourself in VT?**

**Vermonters can care for their own dead.** Under Vermont law, anyone can perform the functions of a funeral director for family and community members as long as they're not paid to do so. The legal term is "family of the deceased, if any, or the undertaker, or person who has charge of the body," defined in **18 V.S.A. § 5207**. This ensures families the right to conduct any and all funeral details, including filing any necessary paperwork, care of the body, and transportation.

### **Must a body be embalmed?**

Embalming is **NOT** required in any state, and only two states require embalming to cross state lines (Alabama, Arkansas). The practice is for ***cosmetic purposes only*** and has no health and safety properties whatsoever.

### **What can be done instead?**

Simple, inexpensive cooling methods such as air conditioning, Techni Ice™ (available through Amazon) or dry ice, are sufficient for 1 to 3 days in the home or other appropriate venue. In fact, the average body will hold for that long in a 65 degree room with no adverse outcomes under average circumstances. Many funeral homes do not provide refrigeration, so the body is held in a cool room. (See **Perform Body Care.**)

### **Who may complete the death certificate?**

The next-of-kin, a designated agent, or a funeral director may complete the death certificate, with information provided by the family in any case. It must be written clearly in black ink or typed, with no erasures, cross-outs or corrections. The information will then be

transferred electronically by the Town Clerk or a funeral director to Vital Records, or it can be faxed, mailed, or delivered to Vital Records for filing. A burial/transit permit may be generated by a Town, City, or County Clerk, a law enforcement officer, or other deputy once the PROD is filed. The permit is required to accompany the body to final disposition. (See **Complete Paperwork**.)

### **What is the timeline for filing paperwork in Vermont?**

VT law requires that the death certificate be signed by an authorized physician within 24 hours. It then needs to be filed with the Town Clerk in the town of death or directly with the Office of Vital Records in Burlington within 48 hours. Likewise, the burial/transit permit (which is generated upon filing the death certificate) must be signed by an authorized official (or next-of-kin in the case of home burial) and filed with the Town Clerk by the 10th day of the month following disposition.

### **Must a minister perform a service?**

There is no legal requirement that clergy perform a service. Families may choose to create and conduct a unique and meaningful service themselves that celebrates and honors their family member, or invite clergy to participate.

### **What do funerals cost?**

The average modern funeral in the U.S. costs \$8,755 (**National Funeral Directors Association, 2017**) for basic non-declinable fees, embalming, other preparation of the body, transportation, use of facilities and staff, an average metal casket, a concrete outer burial vault, and use of a hearse. This figure does NOT include a cemetery plot or opening and closing fees, cremation fees, medical examiner fee, obituaries, flowers, monuments, grave markers, musician or clergy honorariums to conduct funeral or memorial services. Other than the non-declinable fee, families may choose which services to

## How to Have a Green Burial in Vermont

Families in Vermont have natural burial options, including public cemeteries and private home burial grounds. Next-of-kin can make the burial date and time with the cemetery or have a funeral director do it. Home funerals followed by home burial may be conducted by family or funeral professionals. Plan to use burial containers that are easily biodegraded, such as pine, linen, cotton, wool, hemp, wicker, seagrass, or made from found natural materials. You may provide your own containers or find locally made caskets and shrouds at the *Funerary Artisans Collective*. Embalming is not required and is not allowed in most green cemeteries. Cooling is sufficient for several days.

### Established Green Cemeteries

To search for cemeteries in Vermont that provide green burial space, go to [NHFuneral.org](http://NHFuneral.org)>*Green Burial*>*Green Burial Cemeteries in the US and Canada*. If your town cemetery is not listed, contact your elected Cemetery Trustees to ask for a copy of the cemetery bylaws or ordinances. If vaults are required, contact your trustees to ask that they change the bylaws. To purchase burial rights, call the cemetery directly.



*Photo courtesy: Donelle Dreese, Heritage Acres Natural Burial*

### Private Burial on Home Property

It is legal in Vermont to bury related family members on home property. If you live outside the village or city limits, or are zoned rural residential, you can usually create a family burial ground on your own land. It is important to understand that burying on private property constitutes establishing a private family cemetery that needs to be documented with the town.

#### *Steps regarding establishment of a family cemetery:*

1. Obtain the transit/burial permit from the Town Clerk's office or their designated deputy registrar; it must be signed by the Town Clerk or designated deputy, or a law enforcement officer in the town where the death occurred.
2. Check for local ordinances with the zoning authorities or the Town attorney. These are often easy to access online. If you don't see anything, there likely aren't any local restrictions.
3. Draw a map of the land showing the location, where someone might park, and where they are allowed to walk to reach the burial area. This must be recorded with the deed at the Town Clerk's office upon transfer of the property but can be done at any time. There may be a small fee.
4. Follow the VT state restrictions and guidelines provided in Vermont Statute 18 V.S.A. § 5319, to determine an appropriate location.

5. After burial, sign the burial/transit permit and return it to the Town Clerk's office where the burial occurred within 6 days of the burial.

*Tips:*

Optimum burial depth is 3.5 – 4 feet deep.

Use burial containers that are easily biodegraded, such as pine, linen, cotton, wool, hemp, wicker, seagrass, or made from found natural materials.

If the grave is wet, dig a small trench at the foot for the water to pool.

Line the grave with lengthy sticks or branches, and cover with evergreen boughs or other organic matter to create an oxygen trap and space to remove lowering ropes or straps.

Mound all the soil above the grave to create a flat surface once settling has occurred.

Displaced soil mounded on top creates a double smell barrier to keep out animals and rodents that will settle within a couple months.

Winter burials are possible if time is taken to remove snow and thaw the ground sufficiently with coal fires, heaters, solar covers, or other methods.

The casket may also be filled with sawdust or other insulating agent and held in a cold shed, barn, or garage until spring burial.

See *Digging Deep: A Guide to Cemetery and Burial Law in Vermont 2017* available on the Secretary of State's website.

For information regarding how to dig a natural burial grave, and to research general home and natural burial information at the Home Burial section of *How to Arrange Disposition* on the Vermont Funeral Resources, Education & Advocacy website.

### Other Disposition Options

For information regarding other disposition options such as alkaline hydrolysis or natural organic reduction (cremation processes), go to the Green Burial Council>Education>Other Disposition Options. Although both methods are legal in Vermont, there are no facilities currently available. The closest alkaline hydrolysis facility is Direct Cremation of Maine in Belfast.

### Resources

Vermont 18 V.S.A. § 5319	<a href="http://legislature.vermont.gov/statutes/section/18/121/05319">legislature.vermont.gov/statutes/section/18/121/05319</a>
Digging Deep 2017	<a href="http://sec.state.vt.us/media/886632/digging-deep-2017.pdf">sec.state.vt.us/media/886632/digging-deep-2017.pdf</a>
Funerary Artisans Collective	<a href="http://funeraryartisanscollective.org">funeraryartisanscollective.org</a>
Vermont Funeral Resources	<a href="http://vermontfuneral.org">vermontfuneral.org</a>
New Hampshire Funeral Resources	<a href="http://nhfuneral.org">nhfuneral.org</a>
Conservation Burial Alliance	<a href="http://conservationburialalliance.org">conservationburialalliance.org</a>
Green Burial Council	<a href="http://greenburialcouncil.org">greenburialcouncil.org</a>
Direct Cremation of Maine	<a href="http://directcremationofmaine.com">directcremationofmaine.com</a>