www.ckccrematory.com
Contact Shane Young 606-510-3417

Kentucky Cremation Authorization

CR-1 #0417

This form in necessary for cremation to take place and must be signed by the next of kin or the proper authorizing agent.

Preneed Funeral Planning declaration

Form FPD-1, 04-17

This form can be done prior to death and any individual that you choose to designate has complete and total authority after your passing to authorize cremation and /or burial services that you desire , regardless of other family members. In regards to cremation, the state is very strict with who can authorize cremation in regards to next of kin. The spouse is automatically considered the next of kin, but if there is no spouse, the next of kin can greatly be affected. when it comes to children and /or siblings signing off on cremation, it requires a 2/3 majority of signatures before cremation takes place. With this form signed prior to death, It would only one designee to authorize. In order for this form to be legal, it does require witness signatures and notarized.

Date Remains Received By Crematory Authority: _____
Cremation Number: _____
Date of cremation: _____
Name of person performing cremation: _____

COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL
CREMATION AUTHORIZATION FORM CR-1, #04-17

CENTRAL KENTUCKY CREMATION
1-859-792-2621
LANCASTER, KY WWW.CKCCREMATORY.COM
315 Richmond Street Lancaster, Kentucky 40444

It is the policy of the crematory authority that it will accept a declarant or decedent for cremation only after **all** of the following conditions have been met.
1) All necessary authorizations have been obtained.
2) That all prerequisites to be performed by the state regarding the death have taken place and any required forms or permits are attached.

IDENTIFICATION OF DECLARANT OR DECEDENT
(Please Print All Information On This Form)

Name: _____
Address: _____
City, State, Zip: _____
Age: _____ Gender: _____ Date of Birth: _____

Kentucky Law requires the individual's remains to be identified before cremation can take place. The individual making the identification can be the authorizing agent(s), a family member, friend, coroner, or any other person, who has personal knowledge of the decedent or the ability to make positive identification and who accepts any liability arising from such identification.

Name of individual making identification: _____ Relationship: _____

Signature of individual making identification: _____

CREMATION AUTHORIZATION

The person legally entitled to order the cremation of a declarant or decedent is the authorizing agent(s). The right to control the disposition of the remains of a declarant or decedent devolves on the following in the order of authority of authorizing agent(s) listed below.

ORDER OF AUTHORITY OF AUTHORIZING AGENT(S): (check one that applies)

(1) ____ The individual executing a Funeral Planning Declaration, Form FPD-1 (attach original Funeral Planning Declaration).

(2) ____ The person named as the designee or alternate designee in a Funeral Planning Declaration, Form FPD-1 (attach original Funeral Planning Declaration).

(3) ____ The person named in a U.S. Department of Defense form "Record of Emergency Data" (DD Form 93) or a successor form adopted by the United States Department of Defense, if the decedent died while serving in any branch of the United States Armed Forces (attach original form).

(4) ____ The decedent through a Preneed Cremation Authorization, Form CR-3 completed and executed before July 15, 2016 (attach original Form CR-3).

(5) ____ The surviving spouse of the declarant or decedent.

(6) ____ The surviving adult child of the declarant or decedent; OR a majority of the adult children if more than one (1) adult child is surviving; OR less than a majority of the surviving adult children by attesting in writing showing the reasonable efforts to notify the other adult surviving children of their intentions and that they are not aware of any opposition to the final disposition instructions by more than half of the surviving adult children. There are ____ surviving adult children.

(7) ____ The surviving parent(s) of the declarant or decedent. If one (1) parent is absent, the parent who is present has the right to control the disposition by attesting in writing showing the reasonable efforts to notify the absent parent. Number of surviving parents _____.

(8) ____ The surviving adult grandchild of the declarant or decedent; OR a majority of the adult grandchildren if more than one (1) adult grandchild is surviving; OR less than a majority of the surviving adult grandchildren by attesting in writing showing the reasonable efforts to notify the other adult surviving grandchildren of their intentions and that they are not aware of any opposition to the final disposition instructions by more than half of the surviving adult grandchildren. There are ____ surviving adult grandchildren.

(9) ____ The surviving adult sibling of the declarant or decedent; OR a majority of the adult siblings if more than one (1) adult sibling is surviving; OR less than a majority of the surviving adult siblings by attesting in writing showing the reasonable efforts to notify the other adult surviving siblings of their intentions and that they are not aware of any opposition to the final disposition instructions by more than half of the surviving adult siblings. There are ____ surviving adult siblings.

(10) ___ An individual in the next degree of kinship under KRS 391.010 to inherit the estate of the declarant or decedent or; OR a majority of those in the same degree of kinship if more than one (1) individual of the same degree is surviving; OR less than a majority of the individuals of the same degree of kinship by attesting in writing showing the reasonable efforts to notify the other individuals of the same degree of kinship of their intentions and that they are not aware of any opposition to the final disposition instructions by more than half of the individuals of the same degree of kinship. There are ____ surviving individuals of the following relationship _____.

(11) ___ If none of the persons listed in sections (1) to (10) above are available, one of the following who attests in writing showing the good-faith effort made to contact any living individuals described in sections (1) to (10) above.

__ 1) A person willing to act and arrange for the final disposition of the decedent; or

__ 2) A funeral home that has a valid prepaid funeral plan that makes arrangements for the disposition of the decedent's remains, if the funeral director makes the written attestation.

(12) ___ The District Court in the county of the decedent's residence or the county in which the funeral home or the crematory is located.

INFORMATION REGARDING OTHER RIGHTS AND RESPONSIBILITIES CONCERNING CREMATIONS

The declarant or authorizing agent(s) shall carefully read and understand the following statements before signing this authorization. The declarant or authorizing agent(s) shall complete the segment directing the final disposition of the cremated remains. The crematory authority shall not conduct any cremation nor accept a body for cremation unless it has a Cremation Authorization, Form CR-1 signed by the declarant or authorizing agent(s) clearly stating the final disposition.

1. **All cremations are performed individually.** It is unlawful to cremate the remains of more than one individual within the same cremation chamber at the same time.
2. **The consumer may choose cremation without choosing embalming services**. If the crematory does not have a refrigerated holding facility it shall not accept human remains for anything other than immediate cremation.
3. **The consumer is not required to purchase a casket for the purpose of cremation.** The crematory authority requires that the body of the declarant or decedent be delivered for cremation in a suitable, closed container. The container shall be either a casket or an alternative cremation container, but the crematory authority shall not require that the body be placed in a casket before cremation or that the body be cremated in a casket, nor shall a crematory authority refuse to accept human remains for cremation because they are not in a casket. The container in which the body is delivered to the crematory for cremation shall: 1) be composed of readily combustible materials suitable for cremation; 2) be able to be closed to provide a complete covering for the human remains; 3) be resistant to leakage or spillage; and 4) be rigid enough to support the weight of the declarant or decedent. The crematory authority may inspect the casket or alternative container, including opening it if necessary. The crematory authority shall not accept for holding a cremation container from which there is any evidence of leakage of the body fluids from the human remains in the container. Type of casket or alternative container elected:_____
4. **Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework), that are left with the declarant or decedent and not removed from the casket or alternative container prior to cremation shall be destroyed or shall otherwise not be recoverable unless authority to do so otherwise is specifically granted in writing**. As the casket or alternative container will usually not be opened by the crematory authority to remove valuables, to allow for final viewing or for any other reason unless there is leakage or damage, the authorizing agent(s) understands that arrangements must be made to remove any possessions or valuables prior to the time the declarant or decedent is transported to the crematory authority.
5. Cremated remains shall not be contaminated (to the extent possible) with foreign material. All non-combustible materials (insofar as possible), such as dental bridgework, and materials from the casket or alternative container, such as hinges, latches, nails, etc., shall be separated and removed (to the extent possible) by visible or magnetic selection and shall be disposed of by the crematory authority with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments and organic ash, including both human remains and container remains, remain unless those objects are used for identification or as may be requested by the authorizing agent. As the cremated remains often contain recognizable bone fragments, unless otherwise specified, after the bone fragments have been separated from the other material, they shall be mechanically processed or pulverized, which includes crushing or grinding into granulated particles of unidentifiable dimensions, virtually unrecognizable as human remains, prior to placement into the designated container. While every effort will be made to avoid commingling of cremated remains, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility, and the authorizing agent(s) understands and accepts this fact.

FINAL DISPOSITION

Disposition of the cremated remains shall be by: (please mark and complete the chosen disposition)

___ 1) Interment, at _____

___ 2) Scattering in scattering area or garden, at _____

___ 3) In any manner on private property with the permission of the owner, at _____

___ 4) Delivery either in person or by a method that has an internal tracking system that provides a receipt signed by the person accepting delivery, to: _____

_____

___ 5) Picked up at the crematory office, by: _____

OTHER INFORMATION TO BE COMPLETED AT TIME OF INDIVIDUAL'S DEATH

Location where death occurred (city, county and state): _____

Date of death: _____

Did the declarant or decedent have any infectious or contagious disease? YES ____ NO ____

If yes, please explain: _____

Pacemakers, radioactive, silicon or other implants, mechanical devices or prosthesis may create a hazardous condition when placed in cremation chamber and subjected to heat. The following list describes all devices (including mechanical, prosthetic, implants or materials) which may have been implanted in or attached to the individual:

Description: _____

_____

As Authorizing Agent, I have instructed the Crematory Authority or funeral home to remove all devices that may become hazardous during the cremation process.

SIGNATURE OF THE DECLARANT OR AUTHORIZING AGENT(S)

By executing this Cremation Authorization, Form CR-1, as authorizing agent(s), or as declarant, designee, or alternate designee if using a Funeral Planning Declaration, Form FPD-1, the undersigned grants consent to the cremation of the decedent and warrants that all representations and statements contained on this form are true and correct, that these statements were made to induce the crematory authority to cremate the human remains of the declarant or decedent, and that the undersigned have read and understand the provisions contained on this form.

If a written attestation is required, select and complete the attestation that applies:

___ For authorizing agent(s) listed in Order of Authority sections 6 (children), 8 (grandchildren), 9 (siblings), or 10 (next degree of kinship), the undersigned authorizing agent(s) attest that there are ____ in the authorizing class and ____ of us are authorizing the cremation of _____.
I or we have made reasonable efforts to notify the other _____ members of the authorizing class by (describe efforts): _____.
I or we are not aware of any opposition to the final instructions.

___ For an authorizing agent listed in Order of Authority section 7 (parent), the undersigned authorizing agent attests that I have made reasonable efforts to notify the other parent by (describe efforts):

_____.

___ For authorizing agent(s) listed in Order of Authority section 11 (others), the undersigned authorizing agent(s) attest that a good-faith effort has been made to contact any living individual described in Order of Authority sections 1 through 10 by (describe effort): _____

_____.

Address: ______________________________ Relationship to Declarant or Decedent: ____________

City, State, Zip Code: ____________________ Telephone #: ______________________________

Name: ________________________________ Signature: ______________________________

Address: ______________________________ Relationship to Declarant or Decedent: ____________

City, State, Zip Code: ____________________ Telephone #: ______________________________

Name: ________________________________ Signature: ______________________________

Address: ______________________________ Relationship to Declarant or Decedent: ____________

City, State, Zip Code: ____________________ Telephone #: ______________________________

Name: ________________________________ Signature: ______________________________

Address: ______________________________ Relationship to Declarant or Decedent: ____________

City, State, Zip Code: ____________________ Telephone #: ______________________________

Name: ________________________________ Signature: ______________________________

Address: ______________________________ Relationship to Declarant or Decedent: ____________

City, State, Zip Code: ____________________ Telephone #: ______________________________

Name: ________________________________ Signature: ______________________________

Address: ______________________________ Relationship to Declarant or Decedent: ____________

City, State, Zip Code: ____________________ Telephone #: ______________________________

Name: ________________________________ Signature: ______________________________

Address: ______________________________ Relationship to Declarant or Decedent: ____________

City, State, Zip Code: ____________________ Telephone #: ______________________________

SIGNATURE OF FUNERAL DIRECTOR OR OTHER INDIVIDUAL AS WITNESS FOR THE SIGNATURE OF AUTHORIZING AGENT

Name: ________________________________ Signature: ______________________________

Address: ____

City, State, Zip Code: ____________________ Telephone #: ______________________________

COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL

FUNERAL PLANNING DECLARATION
FORM FPD-1, 04-17

Declaration made this ____ day of _____ (month, year). I, _____ (print name, also referred to as "Declarant" in this Declaration), being at least eighteen (18) years of age and of sound mind, willfully and voluntarily make known my instructions concerning funeral services, funeral and cemetery merchandise, ceremonies, and the disposition of my remains after my death. By executing this Declaration, I revoke any Declaration previously made.

Designee

1. A Designee is an individual designated and directed by the terms of this Declaration to carry out the Declarant's funeral plan or make arrangements concerning disposition of the Declarant's remains, funeral services, cemetery merchandise, funeral merchandise, or ceremonies;
2. If the Declarant does not designate a Designee in this Declaration, the Declarant shall provide instructions concerning funeral services, ceremonies, and disposition of the Declarant's remains;
3. A person is not considered to be entitled to any part of the Declarant's estate solely by virtue of being designated in this Declaration to serve as the Designee;
4. The Designee shall not be a provider of funeral or cemetery services, or employed by any entity responsible for providing funeral or cemetery services or disposing of the Declarant's remains, unless the Designee is related to the Declarant by birth, marriage or adoption;
5. A Designee shall not be a witness to this Declaration;
6. If the Designee or alternate Designee fail to assume an obligation set forth in this Declaration, within five (5) days of notification of the Declarant's death, the authority to make arrangements shall devolve pursuant to the terms of this Declaration or KRS 367.93117.

_____ I hereby declare and direct that after my death _____ (name of Designee) shall, as my Designee, carry out the instructions that are set forth in this Declaration. If my Designee is unwilling or unable to act, I declare _____ (name of alternate Designee) as an alternate Designee.

_____ I hereby elect not to select a Designee, and direct that the instructions listed herein for funeral services, ceremonies, and the disposition of my remains after my death be followed.

Instructions Concerning Funeral Services, Funeral and Cemetery Merchandise, Ceremonies, and the Disposition of My Remains After My Death

I hereby declare and direct that after my death the following actions be taken (indicate your choice by initialing or making your mark before signing this declaration:

(1) My body shall be (select one):

(A) ____ Buried. I direct that my body be buried at _____.

(B) ____ Cremated. I direct that my cremated remains be disposed of as follows, or if no method of disposition is selected then I leave the decision to my Designee:
____ Placing them in a grave, crypt, or niche at _____,
or if left blank then at a location to be selected by my Designee;
____ Scattering them in a scattering area; or
____ On private property with the consent of the owner.

(C) ____ Entombed. I direct that my body be entombed at _____.

(D) ____ Donated. I direct that my body be donated as an anatomical gift pursuant to KRS 311.1911, et. seq. (Do not select if donation has been selected by another method).

(E) ____ I intentionally make no decision concerning the disposition of my body, leaving the decision to my Designee.

(2) My arrangements shall be made as follows:

(A) ____ I direct that funeral services be obtained from (if left blank then my Designee will decide): _____

(B) ____ I direct that the following funeral services and ceremonial arrangements be made:
_____
_____

(C) ____ I direct the selection of a grave memorial, monument or marker, as follows:
_____

(D) ____ I direct that the following funeral and cemetery merchandise and other property be selected for the disposition of my remains, my funeral or other ceremonial arrangements:
_____
_____

(E) ____ I direct my Designee make all arrangements concerning ceremonies and other funeral or burial services.

(3) ____ In addition to the instructions listed above, I request the following:

_____

_____

(4) I direct my Designee to make alternate arrangements to the best of the Designee's ability if it is impossible to make an arrangement specified herein because:

(A) A funeral home or other service or merchandise provider is out of business, impossible to locate, or otherwise unable to provide the specified service; or

(B) The specified arrangement is impossible, illegal, or exceeds the funds available or is inconsistent with the terms of the pre-arranged funeral or cemetery contract.

It is my intention that this Declaration be honored by my family and others as the final expression of my intentions concerning my funeral and the disposition of my body after my death. I understand the full import of this Declaration.

Signatures **The following signatures and notary signature all need to be obtained:**

Declarant, or another person in the Declarant's presence and at the Declarant's direction

Signed: _____ Date: _____

Declarant's City, County, and State of Residence: _____

Print name of person who signed at Declarant's direction (if applicable): _____

Witnesses

I believe the Declarant to be of sound mind and willfully and voluntarily executed the Declaration. I did not sign the Declaration on behalf of and at the direction of the Declarant. I am not a Designee of the Declarant. The Declarant, or the person signing at the direction of the Declarant, signed the Declaration in my presence. I am competent and at least eighteen (18) years of age.

Witness _____
Printed Name _____
Date _____

Witness _____
Printed Name _____
Date _____

Notary Public or other person authorized to administer oaths

State of Kentucky

_____County

Before me, the undersigned authority, came the Declarant and acknowledged that he or she voluntarily dated and signed this writing, or directed it to be signed and dated as above in his or her presence, on this the _____ day of _____, 20____.

_____
Notary Public or other person authorized to administer oaths

My Commission Expires: _____

Title: _____