CR-1
(Oct. 2025)

COMMONWEALTH OF KENTUCKY
OFFICE OF ATTORNEY GENERAL
Kentucky Office of Regulatory Relief
1024 Capital Center Drive, Suite 200
Frankfort, KY 40601
https://ag.ky.gov

CREMATION AUTHORIZATION FORM (CR-1)

SECTION A – CREMATORY AUTHORITY INFORMATION

A crematory authority shall not conduct a cremation nor accept the body of the Declarant or Decedent for cremation unless: (1) it has received a Cremation Authorization, Form CR-1 signed by the Declarant or Authorizing Agent(s) clearly stating the final disposition; (2) the Commonwealth of Kentucky has performed all prerequisites regarding the death; and (3) any required forms or permits are attached.

Legal name of crematory authority: _____ License no. _____

Doing business as (DBA) name (if any): _____

Street address for crematory's physical location: _____

City: _____ State: _____ Zip code: _____ County: _____

Business mailing street address: _____

City: _____ State: _____ Zip code: _____ County: _____

Contact person name: _____

Contact person phone: _____ Contact person email: _____

SECTION B – IDENTIFICATION OF DECEDENT

B 1. General Decedent Identification. [For identification of a fetus that is to be cremated, please complete Section B 2.]

A person must identify the Decedent's remains before cremation can take place. The following person(s) may identify the Decedent: (1) Authorizing Agent(s) (*See* Section C); (2) a family member; (3) friend; (4) coroner, or (5) 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 decedent: _____

Residence street address: _____

City: _____ State: _____ Zip code: _____

Age: _____ Gender: _____

Date of birth: _____/_____/_____ Date of death: _____/_____/_____

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

Did the Decedent have any infectious or contagious disease? ☐ Yes. ☐ No.

If "yes", please explain: _____

_____

_____ _____
(Signature of person identifying decedent) *(Relationship to decedent)*

_____
(Printed name of person identifying decedent)

SECTION B – IDENTIFICATION OF DECEDENT *(continued)*

B 2. Fetal Decedent Identification

A person must identify Fetal Decedent remains before cremation can take place. The following person(s) may identify the Fetal Decedent: (1) Authorizing Agent(s) (*See* Section C); (2) a family member; (3) friend; (4) coroner, or (5) any other person, who has personal knowledge of the Fetal Decedent or the ability to make positive identification and who accepts any liability arising from such identification.

Name of fetal decedent (if any): _____

Name of identifier: _____

Identifier's street address: _____

City: _____ State: _____ Zip code: _____

Decedent's date of death: _____/_____/_____ Gestational age: _____ Gender_____

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

Did the Fetal Decedent have any infectious or contagious disease? ☐ Yes. ☐ No.

If "yes", please explain: _____

_____

_____ _____

(Signature of person identifying decedent) *(Relationship to decedent)*

_____

(Printed name of person identifying decedent)

SECTION C – AUTHORIZING AGENTS FOR CREMATION

The person legally entitled to order cremation of a decedent's human remains is the **Authorizing Agent(s)**. The right to control the disposition of a decedent's human remains is based on the following authority order for **Authorizing Agent(s)**. Please complete this section to reflect the applicable **Authorizing Agent(s)**. Absent a court-ordered waiver, a person cannot be an Authorizing Agent if that person has been arrested for, or charged with intentionally, knowingly, or wantonly, committing a crime which resulted in the death of the Decedent.

☐ (1) The Declarant executing either:

(a) Funeral Planning Declaration, Form FPD-1 (**attach** original Funeral Planning Declaration); or,

(b) Discontinued Preneed Cremation Authorization, Form CR-3, executed prior to July 15, 2016 (**attach** original Form CR-3).

☐ (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 surviving spouse of the Decedent.

☐ (5) The surviving adult child of the 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

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SECTION C – AUTHORIZING AGENTS FOR CREMATION *(continued)*

Please read instructions and affirmations for Section C on prior page 2 and finish completing this Section. *Attach additional pages if needed.*

to the final disposition instructions by more than half of the surviving adult children. There are _____ surviving adult children.

☐ (6) The surviving parent(s) of the 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: _____.

☐ (7) A healthcare facility or abortion clinic to whom parent(s) have relinquished guardianship and responsibility for final disposition of the fetal remains after an abortion or miscarriage.

☐ (8) The surviving adult grandchild of the 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 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 Decedent; **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 Section C (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:

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

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

☐ (12) If all the alternatives listed in Section C (1) to (11) have been exhausted, a court appointed guardian or conservator for the Decedent at the time of death, **IF** the Decedent had not expressed an objection to cremation to the guardian or conservator prior to death; and

(a) The Decedent arranged a preneed policy in effect that is limited to the cost of cremation; or,

(b) The Decedent lacked sufficient funds at the time of death to pay for a full burial.

☐ (13) The District Court in the county of the Decedent's residence or the county in which the funeral home or the crematory is located.

SECTION D – CREMATION RIGHTS AND RESPONSIBILITIES

The **Authorizing Agent(s)** have carefully read and understand the following statements before signing and completing this authorization:

(1) The crematory authority shall not accept the Declarant/Deceased for cremation until: (1) all necessary authorizations have been obtained; (2) the Commonwealth of Kentucky has performed all prerequisites regarding the death; and, (3) any required forms or permits are attached.

(2) All cremations are performed individually, unless the cremation is of a fetus. With the exception of fetuses, it is unlawful to cremate the remains of more than one individual within the same cremation chamber at the same time.

(3) The Declarant or Authorizing Agent(s) may choose cremation without choosing embalming services. If the crematory authority does not have a refrigerated holding facility, it shall not accept human remains for anything other than immediate cremation.

(4) The Declarant or Authorizing Agent(s) is not required to purchase a casket for the purpose of cremation. The crematory authority requires that the body of the Declarant/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:

a. be composed of readily combustible materials suitable for cremation;
b. be able to be closed to provide a complete covering for the human remains;
c. be resistant to leakage or spillage; and,
d. 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 selected _____

(5) 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 decedent and not removed from the casket or container prior to cremation shall be destroyed and not be recoverable (unless the Declarant or authorized agent(s) grants authority, in writing, to the crematory authority to specifically recover materials). A crematory authority usually does not open a casket or container to allow for final viewing, remove valuables, or for other reasons. 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.

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

The Declarant or Authorizing Agent(s) hereby authorizes the crematory authority or funeral home to remove all devices that may become hazardous during the cremation process.

(7) 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, including through recycling of non-organic materials, 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(s). Since cremated human remains often contain

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SECTION D – CREMATION RIGHTS AND RESPONSIBILITIES *(continued)*

Please read instructions and affirmations for Section D on prior page 4.

recognizable bone fragments, any such fragments 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, unless otherwise directed. While every effort will be made to prevent commingling, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility, and the Declarant or Authorizing Agent(s) understands and accepts these facts.

SECTION E – FINAL DISPOSITION INSTRUCTIONS

Please mark and complete the chosen disposition.

The Authorizing Agent(s) hereby direct the final disposition of the cremated human remains as follows:

Disposition of the cremated remains shall be by:

(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: _____

Picked up at the crematory office, by: _____

SECTION F – SIGNATURE OF AUTHORIZING AGENT(S)

Please complete the following.

By signing this Cremation Authorization Form, the undersigned Authorizing Agent(s) states that the undersigned(s) is the highest ranking Authorizing Agent in Section C and hereby grants consent to the cremation of the identified Decedent, affirms that the undersigned(s) has not been arrested for, or charged with intentionally, knowingly, or wantonly, committing a crime which resulted in the death of the Decedent, and hereby swears and affirms under penalty of perjury, that all representations and statements contained in this form are true and correct to the best of the undersigned's knowledge, information and belief, and that the undersigned(s) has read and understands the provisions contained in this form.

☐ If the Authorizing Agent is a **Declarant** executing a Funeral Planning Declaration, Form FPD-1, or a Declarant who executed a Preneed Cremation Authorization Form CR-3 prior to July 15, 2016 (discontinued form), no Authorized Agent signature is required. Simply **attach** the original executed Funeral Planning Declaration **Form FPD-1** or discontinued Preneed Cremation Authorization, **Form CR-3.**

If the Appointing Authority is a class of members, mark the applicable class and complete the information below that applies:

☐ For class Authorizing Agent(s) listed in Section C (5) (**children**), Section C (8) (**grandchildren**), Section C (9) (**siblings**), or Section C (10) (**next degree of kinship**), the undersigned Authorizing Agent(s) state that there are _____ total members in the authorizing class and that _____ members authorize cremation of the Decedent.

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SECTION F – SIGNATURE OF AUTHORIZING AGENT(S) *(continued)*

Please read instructions and affirmations for Section F on prior page 5 and finish completing this Section. *Attach additional pages if needed.*

The undersigned has made reasonable efforts to notify the other _____ members of the authorizing class by (describe efforts):_____. The undersigned are not aware of any opposition to the final instructions.

☐ For an Authorizing Agent listed in Section C (6)(parent(s)), the undersigned Authorizing Agent state that he/she has made reasonable efforts to notify the other parent by (describe efforts): _____
_____
_____.

☐ For Authorizing Agent(s) listed in Section C (11) (others), the undersigned Authorizing Agent(s) state that a good-faith effort has been made to contact any living individual described in Section C (1 to 10) by (describe efforts): _____
_____
_____.

SIGNED and EXECUTED on this the _____ day of _____, 20_____, BY:

Name: _____ Signature: _____
Address: _____ Relationship to Decedent: _____
City, State, Zip Code: _____ Telephone: _____

Name: _____ Signature: _____
Address: _____ Relationship to Decedent: _____
City, State, Zip Code: _____ Telephone: _____

Name: _____ Signature: _____
Address: _____ Relationship to Decedent: _____
City, State, Zip Code: _____ Telephone: _____

Name: _____ Signature: _____
Address: _____ Relationship to Decedent: _____
City, State, Zip Code: _____ Telephone: _____

Name: _____ Signature: _____
Address: _____ Relationship to Decedent: _____
City, State, Zip Code: _____ Telephone: _____

Name: _____ Signature: _____
Address: _____ Relationship to Decedent: _____
City, State, Zip Code: _____ Telephone: _____

SIGNATURE OF CREMATORY AUTHORITY OR OTHER INDIVIDUAL AS WITNESS FOR THE SIGNATURE(S) OF THE AUTHORIZING AGENT(S) ABOVE

Name: _____ Signature: _____
Address: _____ Title or Relationship: _____
City, State, Zip Code: _____ Telephone: _____

SECTION G – CREMATION VERIFICATION

Date that Crematory Authority Received Decedent's Human Remains: _____/_____/_____

Date of Cremation: _____/_____/_____

Cremation Number: _____

Retort Operator Who Performed Cremation: _____

By executing this completed Cremation Authorization Form, the undersigned, as crematory authority representative, hereby swears and affirm under penalty of perjury, that all representations and statements contained in this form are true and correct to the best of the undersigned's knowledge, information and belief.

_____ _____
(Signature of Crematory Authority Representative) *(Date Signed)*

_____ _____
(Printed Name) *(Title)*

INSTRUCTIONS

The crematory authority MUST keep and maintain the original completed CREMATION AUTHORIZATION FORM as part of its business records for a period of ten (10) years and permit the Attorney General to inspect it upon request.