

1 OFFICE OF ATTORNEY GENERAL
2 Kentucky Office of Regulatory Relief
3 (New Administrative Regulation)
4 40 KAR 12:120. Preneed funeral and burial contract sellers.
5 RELATES TO: KRS 367.937, 367.940
6 STATUTORY AUTHORITY: KRS 15.180, 367.150(4), 367.972(2)
7 CERTIFICATION STATEMENT: This is to certify that this administrative regulation
8 amendment complies with the requirements of 2025 RS HB 6, Section 8.
9 NECESSITY, FUNCTION, AND CONFORMITY: KRS 15.180 authorizes the Attorney General
10 to promulgate administrative regulations that will facilitate performing the duties and exercising
11 the authority vested in the Attorney General and the Department of Law. KRS 367.150(4) requires
12 the Department of Law to recommend administrative regulations in the consumers' interest. KRS
13 367.972(2) authorizes the Attorney General to promulgate administrative regulations to implement
14 KRS 367.932 to 367.974 and 367.991. KRS 367.937 and 367.940 require the Attorney General to
15 promulgate administrative regulations to establish application forms, reporting forms, and trust
16 forms relating to preneed funeral and burial contract sellers. This administrative regulation
17 prescribes the license application form and other forms, to be used by preneed funeral and burial
18 contract sellers, provides for online application and submission processes, and provides for license
19 suspension and revocation.
20 Section 1. Preneed Funeral and Burial Contract Seller License Application.

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1 (1) The Attorney General must approve a preneed funeral and burial contract seller license
2 application before a seller may make sales to Commonwealth of Kentucky residents. A preneed
3 funeral and burial contract seller shall submit an online license application using the “Preneed
4 Funeral and Burial Contract Seller License Application portal” available at
5 [https://www.ag.ky.gov/AG%20Business%20Forms/1Online%20Forms%20for%20Cemeteries,%](https://www.ag.ky.gov/AG%20Business%20Forms/1Online%20Forms%20for%20Cemeteries,%20Funeral%20Homes,%20and%20Crematories.pdf)
6 [20Funeral%20Homes,%20and%20Crematories.pdf](https://www.ag.ky.gov/AG%20Business%20Forms/1Online%20Forms%20for%20Cemeteries,%20Funeral%20Homes,%20and%20Crematories.pdf).

7 (2) If unable to submit an online application, an applicant shall complete and submit a Preneed
8 Funeral and Burial Contract Seller License Application, Form PNBL-1, to the Attorney General’s
9 office, and submit:

10 (a) Payment of the \$50.00 registration fee;

11 (b) The applicant’s certificate of existence, authorization certificate from the Kentucky
12 Secretary of State’s office, or other evidence of the applicant’s authority to transact business in
13 Kentucky; and

14 (c) A completed Cemetery Company and Preneed Cemetery Merchandise Seller
15 Registration Application, Form CPN-1, as incorporated by reference in 40 KAR 12:110, when
16 the applicant intends to operate a cemetery company business or sell preneed cemetery
17 merchandise.

18 (3) Applicants shall complete or submit additional information or documents for their
19 application within thirty (30) days of any request by the Attorney General. The Attorney General
20 may deny any application if an Applicant fails to timely complete the application by not paying
21 the application fee or provide requested missing information or required documents.

22 Section 2. Preneed Funeral and Burial Contract Seller Monthly Reports. (1) A licensed preneed
23 funeral and burial contract seller shall submit a monthly report to the Attorney General each month

1 by the 15th day of the month following the reported month. A licensed preneed funeral and burial
2 contract seller shall submit its monthly report online using the “Preneed Funeral and Burial
3 Contract Seller Monthly Report portal” available at available at
4 [https://www.ag.ky.gov/AG%20Business%20Forms/Online%20Forms%20for%20Cemeteries,%20](https://www.ag.ky.gov/AG%20Business%20Forms/Online%20Forms%20for%20Cemeteries,%20Funeral%20Homes,%20and%20Crematories.pdf)
5 [0Funeral%20Homes,%20and%20Crematories.pdf](https://www.ag.ky.gov/AG%20Business%20Forms/Online%20Forms%20for%20Cemeteries,%20Funeral%20Homes,%20and%20Crematories.pdf).

6 (2) If unable to submit an online monthly report, a licensed preneed funeral and burial contract
7 seller shall complete and submit Preneed Funeral and Burial Contract Seller Monthly Report, Form
8 PNBL-2, to the Attorney General’s office, and submit:

9 (a) Payment of the \$5.00 administrative fee for each reported contract; and

10 (b) A completed Cemetery Company and Preneed Cemetery Merchandise Seller Monthly
11 Report, Form CPN-2, as incorporated by reference in 40 KAR 12:110, when the licensee is also
12 registered as a cemetery company and preneed cemetery merchandise seller.

13 Section 3. Preneed Funeral and Burial Contract Seller Yearly Reports. (1) A licensed preneed
14 funeral and burial contract seller shall submit an annual report to the Attorney General for every
15 calendar year by March 31st of the year following the reported year. A licensed preneed funeral
16 and burial contract seller shall submit its yearly report online using the “Preneed Funeral and Burial
17 Contract Seller Annual Report portal” available at available at
18 [https://www.ag.ky.gov/AG%20Business%20Forms/Online%20Forms%20for%20Cemeteries,%20](https://www.ag.ky.gov/AG%20Business%20Forms/Online%20Forms%20for%20Cemeteries,%20Funeral%20Homes,%20and%20Crematories.pdf)
19 [0Funeral%20Homes,%20and%20Crematories.pdf](https://www.ag.ky.gov/AG%20Business%20Forms/Online%20Forms%20for%20Cemeteries,%20Funeral%20Homes,%20and%20Crematories.pdf).

20 (2) If unable to submit a yearly report online, a licensed preneed funeral and burial contract seller
21 shall complete and submit a Preneed Funeral and Burial Contract Seller Annual Report, Form
22 PNBL-3, to the Attorney General’s office, and submit:

23 (a) Payment of the \$10.00 annual report fee;

1 (b) A completed Appendix A to the Preneed Funeral and Burial Contract Seller Licensee
2 Annual Report, Form PNBL-3, or computer spreadsheets containing required information
3 therein;

4 (c) A completed Cemetery Company and Preneed Cemetery Merchandise Seller Annual
5 Report, Form CPN-3, as incorporated by reference in 40 KAR 12:110, when the licensee is also
6 registered as a cemetery company and preneed cemetery merchandise seller.

7 Section 4. Irrevocable Funeral Trust Agreements. A licensed preneed funeral and burial contract
8 seller shall complete and retain an Irrevocable Funeral Trust Agreement, Form PBNL-4, when
9 establishing an irrevocable trust under KRS 367.937.

10 Section 5. Record Requests. A licensed preneed funeral and burial contract seller shall make
11 requested records, documents and information readily available to the Attorney General for
12 inspection and copying upon request.

13 Section 6. Material Changes in Application and Reports. A licensed preneed funeral and burial
14 contract seller shall notify the Attorney General in writing within fourteen (14) days of any
15 material change relating to the information provided in their applications or reports.

16 Section 7. Incorporation by Reference. (1) The following material is incorporated by reference:

17 (a) "Preneed Funeral and Burial Contract Seller License Application", Form PNBL-1,
18 Sept. 2025;

19 (b) "Preneed Funeral and Burial Contract Seller Monthly Report", Form PNBL-2, Sept.
20 2025;

21 (c) "Preneed Funeral and Burial Contract Seller Annual Report with Appendix A", Form
22 PNBL-3, Sept. 2025;

23 (d) "Irrevocable Funeral Trust Agreement", Form PNBL-4, Sept. 2025;

1 (e) “Preneed Funeral and Burial Contract Seller License Application portal”, Sept. 2025;

2 (f) “Preneed Funeral and Burial Contract Seller Monthly Report portal”, Sept. 2025; and

3 (g) “Preneed Funeral and Burial Contract Seller Annual Report portal”, Sept. 2025;

4 (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at

5 the Office of the Attorney General, Capital Complex East, 1024 Capital Center Drive, Frankfort,

6 Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m. This material is also available on

7 the Attorney General’s website, <https://ag.ky.gov/Pages/default.aspx>.

READ AND APPROVED



Stephen B. Humphress, Executive Director
Kentucky Office of Regulatory Relief
Office of Attorney General

October 14, 2025

Date



Russell Coleman, Attorney General
Department of Law

October 14, 2025

Date

PUBLIC HEARING AND PUBLIC COMMENT PERIOD: A public hearing on this administrative regulation shall be held on December 23, 2025, at 10:00 a.m. Eastern Time at the Office of Administrative Hearings, Conference Room B, 105 Sea Hero Road, Suite 2, Conference Room B, Frankfort, KY 40601. Individuals interested in being heard at this hearing shall notify this Attorney General in writing at least five (5) working days prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through 11:59 p.m. on December 31, 2025. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON: Stephen B. Humphress, Executive Director, Kentucky Office of Regulatory Relief, Kentucky Office of Attorney General, 1024 Capital Center Drive, Suite 200, Frankfort, Kentucky 40601, phone: 502-696-5408, fax: (502) 573-8317, email: steve.humphress@ky.gov.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Administrative Regulation #: 40 KAR 12:120

Contact Person: Stephen B. Humphress

Phone Number: 502-696-5481

Email: steve.humphress@ky.gov

Subject Headings: Attorney General, Embalmers and Funeral Directors; Cremation and Embalming; Cemeteries and Burials

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation prescribes the license application form, reporting forms and other forms to be used by preneed funeral and burial contract sellers, and provides for online application, reporting, and payment processes.

(b) The necessity of this administrative regulation: This regulation is necessary to provide the methods by which the Office of Attorney General ("Attorney General"), may perform its statutory mandates. The regulation is needed so that preneed funeral and burial contract sellers can comply with statutory requirements.

(c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 15.180 directs the Attorney General to promulgate administrative regulations that will facilitate the performance of duties vested in the Attorney General and the Department of Law by law. KRS 367.150(4) requires the Department of Law to study the operation of all laws, rules, administrative regulations, orders, and state policies affecting consumers and to recommend administrative regulations in the consumers' interest. KRS 367.972 authorizes the Attorney General to promulgate administrative regulations for the enforcement of KRS 367.932 to 367.974. KRS 367.937 and 367.940 require the Attorney General to promulgate an administrative regulation to establish application forms, reporting forms, and trust forms relating to preneed funeral and burial contract sellers.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation prescribes the license application forms, reporting forms, and trust form relating to preneed funeral and burial contract sellers. This administrative regulation also provides for online application, submission, and payment processes.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: N/A

(b) The necessity of the amendment to this administrative regulation: N/A

(c) How the amendment conforms to the content of the authorizing statutes: N/A

(d) How the amendment will assist in the effective administration of the statutes: N/A

(3) Does this administrative regulation or amendment implement legislation from the previous five years? no

(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: The administrative regulation affects

approximately four hundred and forty-five (445) licensed preneed funeral and burial contract sellers, the Attorney General, and unknown future applicants.

(5) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: Future applicants will be required to use either the online application processes or the new application form incorporated into this regulation. Licensed preneed funeral and burial contract sellers will be required to use the online reporting processes or new forms incorporated into this regulation. Attorney General staff will review and process the new online submissions and new forms for compliance with law.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): Licensed preneed funeral and burial contract sellers will bear no additional costs as they will be able use online application and reporting processes, or download the forms from the Attorney General's website, at no cost. The Attorney General will have no additional costs to review the new online submissions or new forms.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The online application, reporting, and payment processes, and the new forms incorporated by this regulation are intended to make it easier for applicants and regulated entities to apply and provide required reports and documentation. In addition, it is intended that the regulation will result in saved administrative resources and time and provide quicker processing time by Attorney General staff.

(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: There are no costs to implement this administrative regulation.

(b) On a continuing basis: There are no continuing costs to implement this administrative regulation.

(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: There are no additional costs associated with implementing this administrative regulation, so no funding is needed.

(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change, if it is an amendment: There is no anticipated increase in fees or funding necessary to implement this administrative regulation.

(9) State whether or not this administrative regulation establishes any fees or directly or indirectly increased any fees: This administrative regulation does not directly or indirectly increase any fees.

(10) TIERING: Is tiering applied? No. This regulation applies equally to all preneed funeral and burial contract sellers.

FISCAL IMPACT STATEMENT

Administrative Regulation #: 40 KAR 12:120

Contact Person: Stephen B. Humphress

Phone Number: 502-696-5481

Email: steve.humphress@ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 15.180, 367.150(4), 367.972(2), 367.937, 367.940.

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act: This administrative regulation was expressly authorized by 1960 Ky. Acts ch. 68, Art. II, sec. 1, effective March 17, 1960; 1972 Ky. Acts ch. 4, sec. 4; and 1984 Ky. Acts ch. 116, sec. 23.

(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions: The Office of Attorney General, Kentucky Office of Regulatory Relief (“Attorney General”) is the promulgating agency. The regulation does not affect any other state agencies.

(b) Estimate the following for each affected state unit, part, or division in (3)(a):

1. Expenditures:

For the first year: There are no expenditures to administer this administrative regulation for the first year.

For subsequent years: There will be no expenditures to administer the administrative regulation in subsequent years.

2. Revenues:

For the first year: The administrative regulation will generate no revenues to the Attorney General in the first year. Application and other fees referenced in this regulation were established by statute.

For subsequent years: The administrative regulation will generate no revenues to the Attorney General in subsequent years.

3. Cost Savings:

For the first year: In the first year, the Attorney General will have cost savings through adopted online application and reporting processes in the regulation which are difficult to estimate at this time but estimated to be de minimis.

For subsequent years: In subsequent years, the Attorney General will have cost savings through adopted online application and reporting processes which are difficult to estimate at this time but estimated to be de minimis.

(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts): The administrative regulation will not affect any local entities.

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:

For the first year: This administrative regulation will not cause expenditures by local entities for the first year.

For subsequent years: This administrative regulation will not cause expenditures by local entities in subsequent years.

2. Revenues:

For the first year: Local entities will receive no revenues from this administrative regulation for the first year.

For subsequent years: Local entities will receive no revenues from this administrative regulation in subsequent years.

3. Cost Savings:

For the first year: Local entities will receive no cost savings from this administrative regulation for the first year.

For subsequent years: Local entities will receive no cost savings from this administrative regulation in subsequent years.

(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a): Applicants and licensed preneed funeral and burial contract sellers will be affected by this administrative regulation.

(b) Estimate the following for each regulated entity identified in (5)(a):

1. Expenditures:

For the first year: This administrative regulation will not cause applicants and applicants and licensed preneed funeral and burial contract sellers to have any additional expenditures for the first year.

For subsequent years: This administrative regulation will not cause applicants and applicants and licensed preneed funeral and burial contract sellers to have any additional expenditures for the first year.

2. Revenues:

For the first year: Applicants and licensed preneed funeral and burial contract sellers will not receive any revenues from this administrative regulation for the first year.

For subsequent years: Applicants and licensed preneed funeral and burial contract sellers will not receive any revenues from this administrative regulation for the first year.

3. Cost Savings:

For the first year: For the first year, applicants and licensed preneed funeral and burial contract sellers will receive cost savings from online application and reporting processes provided by this administrative regulation which are difficult to estimate at this time but estimated to be de minimis.

For subsequent years: For subsequent years, applicants and licensed preneed funeral and burial contract sellers will receive cost savings from online application and reporting processes provided by this administrative regulation which are difficult to estimate at this time but estimated to be de minimis.

(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a):

(a) Fiscal impact of this administrative regulation: This administrative regulation will have no fiscal impact. The regulation updates forms and creates online application, reporting, and

payment processes for businesses. The regulation does not affect other governmental agencies or local governments. The registration and other fees received by the Attorney General under this regulation are established by statute, not the regulation amendment. For these reasons, the regulation is not expected to have any significant fiscal impact.

(b) Methodology and resources used to reach this conclusion: The Attorney General used a quantitative methodology analysis based on history of administrative agencies which license or register businesses in a specific subject area and the resulting facts from this regulation. The Attorney General used staff resources in determining the fiscal impact.

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have a “major economic impact”, as defined by KRS 13A.010(13): There is not an expected “major economic impact” from this regulation for the Attorney General, any local entities, or affected regulated entities.

(b) The methodology and resources used to reach this conclusion: The Attorney General used a quantitative methodology analysis based on history of administrative agencies which license or register businesses in a specific subject area and resulting facts from this regulation. The Attorney General used staff resources in reaching the conclusion that no overall negative or adverse major economic impact results from this administrative regulation.

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

Administrative Regulation #: 40 KAR 12:120

Contact Person: Stephen B. Humphress

Phone Number: 502-696-5481

Email: steve.humphress@ky.gov

1. "Preneed Funeral and Burial Contract Seller License Application", Form PNBL-1, Oct. 2025. Form removed from 40 KAR 12:110 and number changed from CPN-6 to PBNL-1. The form is updated to make the form easier to understand and to be consistent with other forms for information format and professional appearance. Some order of requested information is changed. Form requests additional information about the applicant. Form removes requests for unnecessary information. Form removes certain acknowledgments by applicant. A notary requirement in the form was removed and replaced with language whereby form signers swear and affirm to their provided information in the form. Better instructions were added to the form sections and end. The form consists of three (3) pages.
2. "Preneed Funeral and Burial Contract Seller Monthly Report", Form PNBL-2, Oct. 2025. Form removed from 40 KAR 12:110 and form number changed from CPN-7 to PBNL-2. The form is updated to appear consistent with other forms for information format and professional appearance. Some order of requested information is changed. Form requests additional information for identification and contact person. Form adds a signature for information verification. Instructions were added at the end of the form. The form consists of two (2) pages.
3. "Preneed Funeral and Burial Contract Seller Annual Report with Appendix A", Form PNBL-3, Oct. 2025. Form removed from 40 KAR 12:110 and form number changed from CPN-2 to PBNL-3. The form is updated to make the form easier to understand and to be consistent with other forms for information format and professional appearance. Some order of requested information is changed. Form requests additional information for identification and contact person. Some information requests were removed or combined. Better instructions were added to the form sections and end. The form consists of five (5) pages.
4. "Irrevocable Funeral Trust Agreement", Form PNBL-4, Oct. 2025. Form removed from 40 KAR 12:110 and form number changed from CPN-8 to PBNL-4. The form is updated to make the form easier to understand and to be consistent with other forms for information format and professional appearance. The form consists of one (1) page.
5. "Preneed Funeral and Burial Contract Seller License Application portal", Oct. 2025. A business may apply online for registration as a preneed funeral and burial contract seller using this portal. The online application consists of five (5) online pages. Attached as Appendix I are printed copies of the online application pages.
6. "Preneed Funeral and Burial Contract Seller Monthly Report portal", Oct. 2025. A licensed preneed funeral and burial contract seller may submit its monthly report online using this portal.

The online reporting process consists of one (1) online page. Attached as Appendix II are printed copies of the online monthly reporting page.

7. “Preneed Funeral and Burial Contract Seller Annual Report portal”, Oct. 2025. A licensed preneed funeral and burial contract seller may submit its annual report online using this portal. The online reporting process consists of three (3) online pages. Attached as Appendix III are printed copies of the online annual reporting pages.



Date received:	_____
Fee paid:	_____
Date reviewed:	_____
Reviewed by:	_____

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

**PRENEED FUNERAL AND BURIAL CONTRACT SELLER
LICENSE APPLICATION (PNBL-1)**

SECTION A – APPLICANT INFORMATION

Complete the following and attach requested documentation:

Legal name of Applicant (funeral home or company): _____

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

Is the Applicant an existing funeral home undergoing a change in ownership? Yes. No. If “Yes”, attach a copy of the seller notification letter that is sent to contract holders.

Street address for Applicant’s physical location: _____

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

Business mailing street address: _____

City: _____ State: _____ Zip code: _____

Contact person name: _____

Contact person phone: _____ Contact person email: _____

Please provide the following information regarding the Applicant (check one):

- Corporation Limited Liability Company Partnership
 Individual Other - please explain: _____

State of incorporation, organization, formation, or existence: _____

Please attach a copy of the Applicant’s certificate of existence, or authorization certificate, from the Kentucky Secretary of State’s Office, or provide other evidence of the Applicant’s authority to transact business in Kentucky. Instructions for obtaining certificates can be found at: <https://www.sos.ky.gov>

SECTION B – OWNERS, OFFICERS AND AGENTS OF APPLICANT

Complete the following for the business officer(s), director(s), and persons with a 10% or more controlling interest in the Applicant’s business (proprietor(s), partner(s), owner(s), member(s), and/or shareholder(s)). If an artificial entity(s) holds ownership, please complete for individual(s) whose ownership in parent or holding entity(s) equates to a 10% ownership of the Applicant. *Attach additional pages if needed.*

Name: _____ Title: _____
Address: _____

Name: _____ Title: _____
Address: _____

Name: _____ Title: _____
Address: _____

INSTRUCTIONS

1. Applicant may apply online at:

<https://www.ag.ky.gov/AG%20Business%20Forms/1Online%20Forms%20for%20Cemeteries,%20Funeral%20Homes,%20and%20Crematories.pdf>

Alternatively, Applicant must complete and submit this paper application form to the Attorney General and pay the fifty dollars (\$50.00) application fee.

2. The Applicant may pay the application fee online by credit card or ACH payment at:

<https://ky.accessgov.com/businessregistrationapplication/Forms/Page/businessregistrationapplication/korr>

Alternatively, mailed payment may be made by business, certified or cashier's check or money order. Mailed payments must be in full and made payable to "Kentucky State Treasurer."

3. If Applicant chooses to submit a paper application, Applicant shall submit the signed original application form, payment (if not paid online), and any attachments to:

Kentucky Office of Attorney General
Kentucky Office of Regulatory Relief
1024 Capital Center Drive, Suite 200
Frankfort, KY 40601

4. The following attachments *MUST* be included with this application:

- (a) \$50.00 Application Fee (if not paid online)
- (b) Applicant's Certificate of Existence or Authorization certificate from Kentucky Secretary of State's Office
- (c) Letter from the financial institution(s) which confirms that the institution(s) agrees to hold the Applicant's preneed burial contracts trust fund account(s).
- (d) A completed Form CPN-1 and attachments when Applicant intends to sell preneed cemetery merchandise.

5. The Applicant must notify the Attorney General, in writing, within fourteen (14) days of any change to the information contained in this application after it is filed.

6. If granted registration, the Applicant must collect five dollars (\$5) from each purchaser of a preneed funeral or burial contract and remit collected fees to Attorney General at least once a month.

7. If granted registration, the Applicant must file monthly and annual reports.

SECTION C - CEMETERY COMPANY AND PRE-NEED MERCHANDISE SELLER

If the PBNL Licensee is also registered as a cemetery company and pre-need cemetery merchandise seller, separately complete and attach a Cemetery Company and Pre-need Merchandise Seller Monthly Report (Form CPN-2).

SECTION D - SIGNATURE OF LICENSEE

By submitting this completed Preneed Funeral and Burial Contract Seller Monthly Report form, the undersigned hereby swears and affirms, under penalty of perjury, that the undersigned person has authority to submit this report on behalf of the Licensee Preneed Funeral and Burial Contract Seller identified in Section A, and that all representations and statements contained in this report, and any attachments, are true and correct.

(Signature of Report Preparer)

(Date Signed)

(Printed Name)

(Title)

SECTION E - APPLICATION FEE PAYMENT

How does Licensee intend to pay the monthly fee due? Credit card or ACH payment (online)(see instructions)
 Check or money order mailed with application

INSTRUCTIONS

1. The Licensee may submit its monthly report online at:

<https://www.ag.ky.gov/AG%20Business%20Forms/1Online%20Forms%20for%20Cemeteries,%20Funeral%20Homes,%20and%20Crematories.pdf>

Alternatively, Licensee must complete and submit this monthly report form to the Attorney General and pay any fees due.

2. The Licensee may pay the application fee online by credit card or ACH payment at:

<https://ky.accessgov.com/businessregistrationapplication/Forms/Page/businessregistrationapplication/korr>

Alternatively, mailed payment may be made by business, certified or cashier's check or money order. Mailed payments must be in full and made payable to "Kentucky State Treasurer."

3. If Licensee chooses to submit a paper application, Licensee shall submit the signed original monthly report form, payment (if not paid online), and any attachments to:

Kentucky Office of Attorney General
Kentucky Office of Regulatory Relief
1024 Capital Center Drive, Suite 200
Frankfort, KY 40601



Date received:	_____
Fee paid:	_____
Date reviewed:	_____
Reviewed by:	_____

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

**PRENEED FUNERAL AND BURIAL CONTRACT SELLER
LICENSEE ANNUAL REPORT (PNBL-3)**

SECTION A - PRENEED FUNERAL AND BURIAL CONTRACT SELLER

Complete the following:

Legal name of preneed funeral/burial contract seller: _____

Doing business as (DBA) name (if any): _____ PNBL license no.: _____

Street address of physical location: _____

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

Business mailing street address: _____

City: _____ State: _____ Zip code: _____

Contact person name: _____

Contact person phone: _____ Contact person email: _____

SECTION B - PRENEED FUNERAL AND BURIAL CONTRACT TRUST FUNDS

Complete and attach Appendix A to reflect activities for all preneed funeral and burial contract trusts funds during the reported calendar year period. Computer spreadsheets/printouts are acceptable instead of Appendix A if the printouts contain the same requested information.

Calendar year reporting period: January 1, _____ to December 31, _____

Total beginning trust(s) balance on Jan. 1st \$ _____

Additions and Earnings \$ _____

Total deposits \$ _____

Total withdrawals \$ (_____)

Unrealized gains/losses from market changes (if any) \$ _____

Ending Balance of Trust(s) on Dec. 31st \$ _____

SECTION C - CEMETERY COMPANY AND PRE-NEED MERCHANDISE SELLER

If the PNBL Licensee is also registered as a cemetery company and pre-need cemetery merchandise seller, separately complete and attach a Cemetery Company and Pre-need Merchandise Seller Annual Report (Form CPN-3).

4. *The following attachments MUST be included with this paper report:*

- (a) \$10.00 Annual Report Fee.*
- (b) Appendix A to Preneed Burial Contract Seller Annual Report form or computer spreadsheets/printouts containing required information.*
- (c) Completed CPN-3 form and attachments when also registered as a cemetery company and preneed cemetery merchandise seller.*

INSTRUCTIONS

1. Use only one line per contract.
2. Appendix A should balance across and down the page. Please number each Appendix A page used, total each page on the bottom line.
3. “Financial Institution” means the financial institution where the pre-need trust account is held.
4. “Account Number” means the number assigned by the financial institution to the account where the trust funds are being held.
5. “Consumer’s name” means the name of the consumer on the preneed funeral and burial contract. This should be the same name that was submitted with the monthly report and fee. If the consumer and the beneficiary are different, please be consistent with the name you first used for the monthly report. If there are multiple accounts for the same person, please total them on one line.
6. “Original contract date” means the date that the preneed funeral and burial contract was signed by the consumer and licensee.
7. “IR” means irrevocable trust contract. Check this column if the consumer created an irrevocable trust.
8. “Balance on Jan. 1st” should be the same amount that the licensee listed on the previous year’s Annual Report Appendix A as the “Ending Balance on Dec. 31st”. For contracts written in the reported year, this amount will be zero.
9. “Additions” means any additional funds added to the existing contract account(s) and any new contracts for the reported year.
10. “Earnings” means interest earnings on deposited amounts for the reported year on each contract.
11. “Refunded” means any amounts withdrawn by, or refunded to, the consumer.
12. “Serviced” means amounts used to provide services under the contract.
13. “Converted” means any amounts under the contract which were converted to insurance or annuity products.
14. “Balance on Dec. 31st” is sum of the original balance, plus any additions and earnings, less any withdrawals. This will also be the amount that the licensee will use for next year’s report as the Jan. 1st balance.

NOTE: Computer printouts are acceptable instead of Appendix A provided that all the information on the printout is the same as the information requested. If you submit a computer printout, those accounts that are irrevocable must be marked “IR”. To identify withdrawals on a computer printout, write “S” if services were provided under the contract, “R” if a refund was made in the space next to the amount withdrawn, or an “I” if the account was converted to an insurance policy or annuity plan.

**IRREVOCABLE FUNERAL
TRUST AGREEMENT
(For State and Federal Entitlement Programs Only)**

This is to certify that _____,
(Beneficiary)

SS# _____, has received, applied for, or intends to apply to be an aged, blind or disabled recipient of benefits pursuant to the Federal Supplementary Security Income Program under Title XVI of the Social Security Act or other federal or state entitlement programs.

It is hereby agreed by the undersigned parties and understood and acknowledged by said beneficiary or grantor that:

1. The money paid to the undersigned funeral home, intended to pay for funeral arrangements of the beneficiary pursuant to a prearranged funeral agreement, contract or plan dated _____, 20 ____ and deposited by said funeral home (as agent) in a Kentucky bank, savings and loan, or credit union (Bank) as Trustee constitutes an **irrevocable** trust fund during the lifetime of the beneficiary. This **irrevocable** funeral trust agreement forms a part of the said prearranged funeral agreement, contract or plan.
2. If for any reason the beneficiary or grantor fails to apply for entitlement benefits within thirty (30) days from the signing of this Agreement, fails to receive, or otherwise becomes ineligible for entitlement benefits, then this trust shall be a **revocable** trust.
3. The **irrevocable** trust established pursuant to this agreement shall not affect the selection of funeral goods or services or the selection of the funeral home. At any time the beneficiary or grantor of this irrevocable trust may, by written request to the funeral home (as agent) and trustee (Bank), change the funeral home, trustee or both.
4. By signing this Agreement, the beneficiary or grantor gives authorization to the funeral home and the Attorney General, Commonwealth of Kentucky, to access the appropriate records to ensure compliance with KRS Chapter 367.

**MEANING OF
IRREVOCABILITY**
The Acceptance of this Agreement creates an IRREVOCABLE TRUST which means that except as provided in Paragraph 2, any refund, withdrawal or other disposition of the deposits on account plus accrued interest, for any purpose, will be and must be refused by the Funeral Director, The Trustees, the Trust Fund, and any Officer, Employee or Agent.

Signed: _____
BENEFICIARY OR GRANTOR

Name of Funeral Home
_____, Kentucky _____
City Zip Code

By: _____
(Authorized Representative of Funeral Home)

Date

THIS FORM MUST BE MAINTAINED IN THE FILES OF THE FUNERAL HOME AS AGENT

This form is approved by the OAG pursuant to KRS Chapter 367. Changes in federal law may affect this Agreement.

Addendum I

Preneed Funeral and Burial Contract Seller License Application portal pages

Kentucky Office of Regulatory Relief ("KORR") Compliance and Registration Branch Portal

Please complete all the information below for all pages and upload any requested documents to submit an online application.

KORR recommends turning on the autofill feature in your web browser to make filling out online forms easier.

Applicant Information ▾

Registration Type (required)

Preneed Funeral and Burial Contract Seller License Application ▾

(PNBL-1) Name of applicant (Funeral Home or Business) (required)

Doing Business as (DBA) name (if any)

(PNBL-1) Are you an existing Funeral Home undergoing a change in ownership? (required)

Select from below

Saved to Z: Drive



Street Address for Physical Location (required)

City

State (required)

Select from below



Zip Code (required)

County (required)

Select from below



Business Mailing Street Address (required)

Business City (required)

Business State (required)

Select from below



Business Zip Code (required)

Contact Person Phone (required)

Contact Person Email (required)

Please provide the following information regarding the Applicant (required)

Select from below ▼

State of incorporation, organization, formation, or existence (required)

Select from below ▼

Please attach a copy of the Applicant's certificate of existence, or authorization certificate, from the Kentucky Secretary of State's Office, or provide other evidence of the Applicant's authority to transact business in the Kentucky. Instructions for obtaining certificates can be found at: <https://www.sos.ky.gov/bus/businessrecords/Pages/default.aspx> (required)

Browse or drag file(s) here

(PNBL-1) Please attach a letter from the financial institution(s) which confirms that the institution(s) agrees to hold the applicant's trust fund account(s) for moneys paid for preneed burial contracts. (required)

(PNBL-1) Please attach a letter from the financial institution(s) which confirms that the institution(s) agrees to hold the applicant's trust fund account(s) for moneys paid for preneed burial contracts. (required)

Browse or drag file(s) here

Owners, Officers and Agents of Applicant ▾

Number of business officer(s); director(s); person(s) with a 10% principal interest in the business (proprietor, partner(s), owner(s), partner(s), member(s), shareholder(s)). If an artificial entity(s) holds ownership, please complete for individual(s) whose ownership in a parent or holding entity(s) equates to a 10% ownership of the Applicant (required)

If greater than 4 please attach document with Name, Title and Address for each additional individual

Enter number of Business Officers/Directors (required)

First Owners Officers and Agents Name (required)

First Owners Officers and Agents Title (required)

First Owners Officers and Agents Address (required)

Second Owners Officers and Agents Name (required)

Second Owners Officers and Agents Title (required)

Second Owners Officers and Agents Address (required)

Trust Accounts ▾

Do you know the names and account numbers of the financial institution(s) holding the Applicant's trust fund account(s) for moneys paid for preneed burial contracts? (required)

(if not known at the time of this application, please provide the information and financial institution letter to the Office later when it becomes available.)

(PNBL-1) Number of financial institution(s) holding the applicant's trust fund account(s) for moneys paid for preneed burial contracts. Attach additional pages if more than 2 financial institutions. (required)

Name of Financial Institution (1) (required)

Financial Institution (1) Address (required)

Financial Institution (1) Account Number (required)

Page 3 of 4

[Previous](#)

[Next](#)

Signature of Applicant ▾

(PNBL-1) Typed Name as Electronic Signature (required)

I do hereby swear or affirm, under penalty of perjury, the following:

1. I am authorized to submit this application on behalf of the applicant.
2. The information and any attachments provided in and with this application are true and correct to the best of the applicant's knowledge, information and belief.
3. The applicant is solvent.
4. The applicant agrees to notify the Attorney General of any material change in any information or attachments provided in or with this application within fourteen (14) days of any change.
5. The applicant understands that if granted registration, it must collect five dollars (\$5) from each purchaser of a preneed burial contract and remit collected fees to the Attorney General at least once a month.
6. The applicant understands that if granted registration, it must file an annual report by March 31st each year.
7. The applicant agrees to provide requested records, documents and information to the Attorney General within a reasonable time after requested.
8. The applicant understands that its application may be denied and a registration suspended or revoked by the Attorney General.

I understand and agree that my typed name below has the same legal force and effect as my original manual signature and I have typed my name below with intent to sign this report by electronic means in compliance with the Kentucky Uniform Electronic Transaction Act codified at KRS 369.101 to 369.120.

Typed Name as Signature

Title of Applicant Representative

Signature Date

 

Please remit payment. How do you intend to submit your application fee? (required)

Signature of Applicant ▾

(CPN-1) Typed Name as Electronic Signature (required)

By submitting this application, the undersigned, does hereby swear or affirm under penalty of perjury, the following:

- (1) The undersigned is authorized to complete this form on behalf of the applicant.
- (2) The information and any attachments provided in and with this application are true and correct to the best of the undersigned's knowledge, information and belief.
- (3) The applicant is solvent.
- (4) The applicant agrees to notify the Attorney General of any material change in any information or attachments provided in or with this application within sixty (60) days of any change.
- (5) The applicant understands that if its registration is accepted, it must file an annual report each year.
- (7) The applicant agrees to provide requested records, documents and information to the Attorney General within a reasonable time after requested.
- (8) The applicant understands that its application may be denied and a registration suspended or revoked by the Attorney General.

Name of Applicant Representative

Title of Applicant Representative

Signature Date

 

Please remit payment. How do you intend to submit your application fee? (required)

Addendum II

Cemetery Company and Preneed Cemetery Merchandise Seller Monthly Report portal pages

Kentucky Office of Regulatory Relief ("KORR") Monthly Report Portal

Please complete all the information below for all pages and upload any requested documents to submit an online application.

KORR recommends turning on the autofill feature in your web browser to make filling out online forms easier.

Monthly Report Type (required)

(CPN-2) Name of cemetery, business, company

Doing Business as (DBA) name

(CPN-2) Cemetery Registration No (required)

(CPN-2) Pre-need burial registration no. (if any)

Month (required)

Year (required)

Submitter Email (required)

Monthly Report Document (required)

Blank Forms: [Cemetery Monthly Report](#) and [Preneed Funeral and Burial Contract Seller Monthly Report](#)

or drag file(s) here

Signature of Licensee Preneed Burial Contract Seller Representative (required)

By submitting this monthly report on behalf of the named cemetery or funeral home, the cemetery or funeral home does hereby swear or affirm, under penalty of perjury, that all information and statements contained in the report are true and correct, and that clicking the submit button below has the same legal force and effect as my original manual signature under the Kentucky Uniform Electronic Transaction Act contained in KRS 369.101 to 369.120.

❗ Signature of Licensee Preneed Burial Contract Seller Representative is required

Title (required)

Date Signed (required)

Total Amount Owed for this Monthly Report (required)

How do you intend to submit your monthly fees?

 ▼

KORR recommends turning on the autofill feature in your web browser to make filling out online forms easier.

Cemetery Accounts ▾

Do you have a Perpetual Care and Maintenance Trust Fund? (required)

- Yes
- No

Do you sell Cemetery Merchandise? (required)

- Yes
- No

Do you have a Preconstruction Project Trust Fund Account? (required)

- Yes
- No

Additional Trust Fund Accounts

Please download and attach any additional Cemetery Trust Fund Accounts

Browse

 or drag file(s) here

Signature of Applicant ▾

(CPN-1) Typed Name as Electronic Signature (required)

By submitting this application, the undersigned, does hereby swear or affirm under penalty of perjury, the following:

- (1) The undersigned is authorized to complete this form on behalf of the applicant.
- (2) The information and any attachments provided in and with this application are true and correct to the best of the undersigned's knowledge, information and belief.
- (3) The applicant is solvent.
- (4) The applicant agrees to notify the Attorney General of any material change in any information or attachments provided in or with this application within sixty (60) days of any change.
- (5) The applicant understands that if its registration is accepted, it must file an annual report each year.
- (7) The applicant agrees to provide requested records, documents and information to the Attorney General within a reasonable time after requested.
- (8) The applicant understands that its application may be denied and a registration suspended or revoked by the Attorney General.

Name of Applicant Representative

Title of Applicant Representative

Signature Date

 

Please remit payment. How do you intend to submit your application fee? (required)

Addendum III

Cemetery Company and Preneed Cemetery Merchandise Seller Annual Report portal pages

Kentucky Office of Regulatory Relief ("KORR") Annual Report Portal

Please complete all the information below for all pages and upload any requested documents to submit an online application.

KORR recommends turning on the autofill feature in your web browser to make filling out online forms easier.

Authority Information ▾

Type

Cemetery ▾

(CPN-3) Name of cemetery, business, company (required)

Doing Business as (DBA) name

License/Registration # (required)

Street Address for Physical Location (required)

City (required)

State (required)

Select from below ▾

Zip Code (required)

County (required)

Select from below ▾

Business Mailing Street Address (required)

Business City (required)

Business State (required)

Select from below ▾

Business Zip Code (required)

Contact Person Name (required)

Contact Person Phone (required)

Contact Person Email (required)

Calendar Year Reporting Period (required)

Four digit numerical value (yyyy)

Page 1 of 3

[Next](#)

Perpetual Care and Maintenance Trust Fund ▾

Do you have a Perpetual Care and Maintenance Trust Fund? (required)

- Yes
- No

Do you sell Cemetery Merchandise? (required)

- Yes
- No

Do you have a Preconstruction Project Trust Fund Account? (required)

- Yes
- No

Do you hold a Preneed Funeral and Burial Contract Seller ("PNBL") license? (required)

- Yes
- No

Page 2 of 3

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Signature of Licensee ▾

(CPN-3) Signature of Cemetery Company/Merchandise Seller Representative (required)

By submitting this completed Cemetery Company and Preneed Cemetery Merchandise Seller Annual Report, both the undersigned hereby swear and affirm, under penalty of perjury; that the undersigned representative has authority to sign on behalf of the registered cemetery company/merchandise seller; that the undersigned preparer is the person who prepared this annual report; that all representations and statements contained in this report, and any attachments, are true and correct to the best of both the undersigned's knowledge, information and belief; and that there has been no material change of information in the cemetery company/merchandise seller's registration application, or the last annual report, that has not already been previously reported.

(CPN-3) Title of Cemetery Company/Merchandise Seller Representative (required)

Signature Date (required)

 

Signature of Annual Report Preparer

Title of Annual Report Preparer

Date of Annual Report Preparer Signature

 

How do you intend to submit your annual report fee? (required)

KORR recommends turning on the autofill feature in your web browser to make filling out online forms easier.

Cemetery Accounts ▾

Do you have a Perpetual Care and Maintenance Trust Fund? (required)

- Yes
- No

Do you sell Cemetery Merchandise? (required)

- Yes
- No

Do you have a Preconstruction Project Trust Fund Account? (required)

- Yes
- No

Additional Trust Fund Accounts

Please download and attach any additional Cemetery Trust Fund Accounts

or drag file(s) here

Signature of Applicant ▾

(CPN-1) Typed Name as Electronic Signature (required)

By submitting this application, the undersigned, does hereby swear or affirm under penalty of perjury, the following:

- (1) The undersigned is authorized to complete this form on behalf of the applicant.
- (2) The information and any attachments provided in and with this application are true and correct to the best of the undersigned's knowledge, information and belief.
- (3) The applicant is solvent.
- (4) The applicant agrees to notify the Attorney General of any material change in any information or attachments provided in or with this application within sixty (60) days of any change.
- (5) The applicant understands that if its registration is accepted, it must file an annual report each year.
- (7) The applicant agrees to provide requested records, documents and information to the Attorney General within a reasonable time after requested.
- (8) The applicant understands that its application may be denied and a registration suspended or revoked by the Attorney General.

Name of Applicant Representative

Title of Applicant Representative

Signature Date

 

Please remit payment. How do you intend to submit your application fee? (required)

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Minority Whip

MEMORANDUM

TO: Steve Humphress, Executive Director, Office of Regulatory Relief, Office of the Attorney General

FROM: Emily Caudill, Regulations Compiler

RE: Proposed Amendments to Regulations – 040 KAR 12:100, 040 KAR 12:110, 040 KAR 12:120 and 040 KAR 12:130.

DATE: October 15, 2025

A copy of each administrative regulation listed above is enclosed for your files. These regulations are tentatively scheduled for review by the Administrative Regulation Review Subcommittee at its **JANUARY 2026** meeting. We will notify you of the date and time of this meeting once it has been scheduled.

Pursuant to KRS 13A.280, *if* comments are received during the public comment period, a Statement of Consideration or a one-month extension request for these regulations is due **by noon on January 15, 2026**. Please reference KRS 13A.270 and 13A.280 for other requirements relating to the public hearing and public comment period and Statements of Consideration.

If you have questions, please contact us at RegsCompiler@LRC.ky.gov or (502) 564-8100.

Enclosures