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Emily B. Council
REGULATIONS COMPILER

1 OFFICE OF ATTORNEY GENERAL

2 Kentucky Office of Regulatory Relief

3 (Amendment)

4 40 KAR 12:130. Crematory authorities~~[Cremation forms]~~ and inspections.

5 RELATES TO: KRS 213.081, 213.098, 367.93103, 367.93105, 367.93115, 367.93117,
6 367.97501, 367.97504, 367.97507, 367.97511, 367.97514, 367.97517, 367.97521, 367.97524,
7 367.97527, 391.010

8 STATUTORY AUTHORITY: KRS 15.180, 367.150(4), 367.97501, 367.97504, 367.97534

9 CERTIFICATION STATEMENT: This is to certify that this administrative regulation
10 amendment complies with the requirements of 2025 RS HB 6, Section 8.

11 NECESSITY, FUNCTION, AND CONFORMITY: KRS 15.180 authorizes the Attorney
12 General to promulgate administrative regulations that will facilitate performing the duties and
13 exercising the authority vested in the Attorney General and the Department of Law. KRS
14 367.150(4) requires the Department of Law to recommend administrative regulations in the
15 consumers' interest. KRS 367.97501 and 367.97504 require the Attorney General to promulgate
16 an administrative regulation to establish an application for a crematory authority license and report
17 forms. KRS 367.97524 requires crematory authorities to obtain signed cremation authorization
18 forms before conducting any cremations. KRS 367.97534(5) authorizes the Attorney General to
19 promulgate administrative regulations necessary to carry out the provisions of KRS 367.97501 to
20 367.97537, pertaining to crematory authorities. This administrative regulation prescribes the
21 license application form, and other forms, to be used by crematory authorities, and provides for

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1 online application and submission processes. This administrative regulation establishes the records
2 and information that shall be retained by crematory authorities and permits crematory inspections
3 by the Attorney General.

4 Section 1. Crematory Authority License Application Form.

5 (1) The Attorney General must approve an applicant's crematory authority license application
6 before the applicant may cremate human remains in the Commonwealth of Kentucky. An
7 applicant shall submit an online license application using the "Crematory Authority license
8 application portal" available at
9 [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)
10 [20Funeral%20Homes,%20and%20Crematories.pdf](https://www.ag.ky.gov/AG%20Business%20Forms/1Online%20Forms%20for%20Cemeteries,%20Funeral%20Homes,%20and%20Crematories.pdf).

11 (2) If unable to complete an online application, an~~[An]~~ applicant ~~[for a crematory authority~~
12 ~~license]~~ shall complete and submit a Crematory Authority License Application, Form CR-5, to the
13 ~~[Office of]~~ Attorney General's office and submit: ~~[before commencing business.~~

14 ~~(2) An applicant for a crematory authority license shall submit with each Crematory Authority~~
15 ~~License Application, Form CR-5]:~~

- 16 (a) Payment of the \$100 registration fee;
- 17 (b) The applicant's certificate of existence, authorization certificate from the Kentucky
18 Secretary of State's office, or other evidence of the applicant's authority to transact business in
19 Kentucky; and
- 20 (c) A completed Preneed Funeral and Burial Contract Seller License~~[Merchandise Sellers]~~
21 Application, Form PNBL-1~~[CPN-6 Form]~~, as incorporated by reference in 40 KAR 12:120,
22 when~~[if]~~ the applicant intends to sell preneed burial contracts.

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

5 Section 2. Cremation Authorization Form.

6 (1) A licensed crematory authority shall complete and keep a Cremation Authorization, Form
7 CR-1, for every cremation of human remains it has performed.

8 (2) A licensed crematory authority shall attach to the Cremation Authorization, Form CR-1, for
9 authorizing agents for cremation, if applicable:

10 (a) An original Funeral Planning Declaration, Form FPD-1, as incorporated by reference in
11 40 KAR 12:100;

12 (b) An original discontinued Preneed Cremation Authorization, Form CR-3, executed prior to
13 July 15, 2016; and

14 (c) An original U.S. Department of Defense form, Record of Emergency Data, DD Form 93,
15 or a successor form adopted by the United States Department of Defense.

16 Section 3. Crematory Annual Report Form.

17 (1) On or before March 31 of each year, a[A] licensed crematory authority shall complete and
18 submit an annual report[a Crematory Authority Annual Report, Form CR-2,] to the Attorney
19 General for each prior calendar year beginning January 1 and ending December 31.

20 (2) A licensed crematory authority shall submit its annual report using the “Crematory
21 Authority Annual Report portal” available at
22 [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)
23 [20Funeral%20Homes,%20and%20Crematories.pdf](https://www.ag.ky.gov/AG%20Business%20Forms/1Online%20Forms%20for%20Cemeteries,%20Funeral%20Homes,%20and%20Crematories.pdf).

1 (3) If unable to submit an online report, a licensed crematory authority may complete and
2 submit a~~The completed~~ Crematory Authority Annual Report, Form CR-2, ~~[shall be filed with]~~
3 to the Attorney General's office~~[Office by March 31 of the year following the calendar year~~
4 ~~reported.~~

5 ~~(3) A licensed crematory authority shall submit with the Crematory Authority Annual Report,~~
6 ~~Form CR-2,] and submit the~~a ten (10) dollar annual registration fee.

7 Section 4. Statement of Supervision Form. (1) A licensed crematory authority shall~~complete~~
8 ~~and] submit a Statement of Supervision to the Attorney General~~~~[for Registered Crematory Retort~~
9 ~~Operators, Form CR-4,]~~ for each trained retort operator before permitting the trained operator to
10 operate a retort. A licensed crematory operator shall submit an online statement using the
11 “Statement of Supervision for Registered Crematory Retort Operators portal” available at
12 [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)
13 [20Funeral%20Homes,%20and%20Crematories.pdf](https://www.ag.ky.gov/AG%20Business%20Forms/1Online%20Forms%20for%20Cemeteries,%20Funeral%20Homes,%20and%20Crematories.pdf).

14 (2) If unable to submit an online statement, a licensed crematory authority shall complete and
15 submit a Statement of Supervision for Registered Crematory Retort Operators, Form CR-4, to the
16 Attorney General’s office.

17 Section 5. Required Records of the Crematory Authority. To comply with KRS 367.97504(5), a
18 crematory authority shall keep and maintain the following records for all cremations occurring
19 within the prior ten (10) years:

20 (1) The original or a copy of the completed Cremation Authorization, Form CR-1;

21 (2) Any discontinued Preneed Cremation Authorization, Form CR-3 completed and executed
22 prior to July 15, 2016; and

1 (3) Any Funeral Planning Declaration, Form FPD-1 as incorporated by reference in 40 KAR
2 12:100.

3 Section 6. Inspection of Crematory Authorities. The Attorney General may conduct announced
4 and unannounced inspections of the applicant's and a licensed crematory authority's premises
5 during normal business hours to review records and ensure compliance with KRS 367.97501 to
6 367.97537 and related administrative regulations. An applicant and a licensed crematory authority
7 shall permit these inspections and make all requested records readily available to the Attorney
8 General upon request.

9 Section 7. Material Changes in Application and Reports. Material Changes in Application and
10 Reports. A licensed crematory authority shall notify the Attorney General in writing within
11 fourteen (14) days of any material change in the information provided in its applications or reports.

12 Section 8. Human Remains of Deceased Pregnant Mother. A licensed crematory may cremate the
13 remains of a deceased pregnant woman together with the fetal remains of her unborn child or
14 children within the same cremation chamber. Completion of a Cremation Authorization, Form CR-
15 1 authorizing cremation of the deceased pregnant woman shall also authorize cremation of her
16 unborn child or children.

17 Section 9. Incorporation by Reference.

18 (1) The following material is incorporated by reference:

19 (a) "Cremation Authorization", Form CR-1, Oct. 2025~~[Oct. 2022]~~;

20 (b) "Crematory Authority Annual Report", Form CR-2, Oct. 2025~~[Oct. 2022]~~;

21 (c) "Statement of Supervision for Registered Crematory Retort Operators", Form CR-4, Oct.
22 2025~~[Oct. 2022]~~; ~~and~~

23 (d) "Crematory Authority License Application", Form CR-5, Oct. 2025~~[Oct. 2022]~~;


1 (e) “Crematory Authority license application portal”, Oct. 2025;

2 (g) “Crematory Authority Annual Report portal”, Oct. 2025; and

3 (f) “Statement of Supervision for Registered Crematory Retort Operators portal”, Oct. 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~~[Office of Consumer Protection,]~~ 1024
6 Capital Center Drive, Suite 200, Frankfort, Kentucky 40601, Monday through Friday, 8:00 a.m.
7 to 4:30 p.m. This material is also available on the Office's Web site,
8 <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 proposed administrative regulation shall be held on December 23, 2025, at 2:00 p.m. Eastern Time at the Office of Administrative Hearings, 105 Sea Hero Road, Suite 2, Conference Room B, Frankfort, KY 40601. Individuals interested in being heard at this hearing shall notify this Office 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 12:130

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, annual report, cremation authorization form, and crematory retort training report to be used, kept, and filed by crematory authorities and provides for online applications and submission processes. This administrative regulation establishes the records and information to be retained by crematory authorities and establishes guidelines for crematory inspections.

(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 obligations. The regulation is needed so that crematory authorities 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. 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 367.97501 and 367.97504 require the Attorney General to promulgate an administrative regulation to establish an application for a crematory authority license and annual reports. KRS 367.97534(5) authorizes the Attorney General to promulgate administrative regulations necessary to carry out the provisions of KRS 367.97501 to 367.97537, pertaining to crematory authorities. KRS 367.97524(1) requires crematory authorities to possess signed cremation authorization forms before accepting or cremating any human remains.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation prescribes the license application form, annual report, cremation authorization form, and crematory retort training report to be used, kept, and filed by crematory authorities, establishes the records and information that shall be retained by crematory authorities, establishes guidelines for inspection of those records and crematories, and provides for online application, reporting 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: Through this amendment, the Attorney General adopts updated forms and provides for online application, reporting and payment processes for applicants and regulated entities.

(b) The necessity of the amendment to this administrative regulation: The Attorney General needs to modernize application and documentation processes by providing for online processes. The forms need to be updated to reflect regulating entity. The crematory authorization form needs to be updated to improve identification of fetal remains and correct referenced paragraph numbers therein.

(c) How the amendment conforms to the content of the authorizing statutes: As previously explained, KRS 15.180, 367.150(4), 367.97501, 367.97504, and 367.97534(5) authorize the administrative regulation amendments.

(d) How the amendment will assist in the effective administration of the statutes: The regulation amendments will cause the cremation authorization form to improve decedent remains identification and provide for modern online application, reporting and payment processes.

(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: This regulation amendment affects forty-six (46) licensed crematory authorities, individuals desiring to have human remains cremated, and the Attorney General.

(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: Licensed crematory authorities will be required to use the new online processes or new forms incorporated into this regulation. Attorney General staff will review 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 crematory authorities will have no additional costs. They will be able to download the new forms from the Attorney General's website at no cost and use online application and reporting processes at no cost. The Attorney General will have no additional costs.

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

(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 amendment.

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

(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 the administrative regulation amendments, 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 amendment.

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

(10) TIERING: Is tiering applied? No. This administrative regulation applies equally to all crematory authorities.

FISCAL IMPACT STATEMENT

Administrative Regulation #: 40 KAR 12:130

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), 367.97501, 367.97504, and 367.97534(5)

(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 amendment 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 1994 Ky. Acts ch. 140, sec. 2, effective July 15, 1994.

(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 amendment for the first year.

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

2. Revenues:

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

For subsequent years: The administrative regulation amendment 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 processes in the regulation amendment 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 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 amendment 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 amendment will not cause expenditures by local entities for the first year.

For subsequent years: This administrative regulation amendment 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 amendment for the first year.

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

3. Cost Savings:

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

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

(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a): Applicants and licensed crematory authorities will be affected by this administrative regulation amendment.

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

1. Expenditures:

For the first year: This administrative regulation amendment will not cause applicants and licensed crematory authorities to have any additional expenditures for the first year.

For subsequent years: This administrative regulation amendment will not cause applicants and licensed crematory authorities to have any additional expenditures for the first year.

2. Revenues:

For the first year: Applicants and licensed crematory authorities will not receive any revenues from this administrative regulation amendment for the first year.

For subsequent years: Applicants and licensed crematory authorities will not receive any revenues from this administrative regulation amendment for the first year.

3. Cost Savings:

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

For subsequent years: For subsequent years, applicants and licensed crematory authorities will receive cost savings from online application and reporting processes provided by this administrative regulation amendment 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 amendment will have no fiscal impact. The regulation amendment updates forms and creates online application, reporting, and payment processes for businesses and does not affect other governmental agencies or local governments. The licensee and report fees received by the Attorney

General under this regulation are established by statute, not the regulation amendment. For these reasons, the regulation amendments are 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 amendment 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 CHANGES TO MATERIAL INCORPORATED BY REFERENCE

Administrative Regulation #: 40 KAR 12:130

Contact Person: Stephen B. Humphress

Phone Number: 502-696-5408

Email: steve.humphress@ky.gov

1. “Cremation Authorization”, Form CR-1, Oct. 2025. The form is used by crematory authorities to authorize cremation of human remains as required by KRS 367.97524. Form changed to reflect Kentucky Office of Regulatory Relief (“KORR”) as regulating agency. The form adds a line to Section B2 for the name of a fetal decedent for parents naming of their deceased child and to otherwise aid in identification of fetal decedent. Form corrects some referenced paragraph sections in Section F. Form provides notice about disposal of non-organic materials through recycling. The form consists of seven (7) pages.
2. “Crematory Authority Annual Report”, Form CR-2, Oct. 2025. The form is used by a licensed crematory authority to file its annual report required by KRS 367.97504(6) and KRS 367.97524(1). Form changed to reflect Kentucky Office of Regulatory Relief (“KORR”) as regulating agency. Instructions changed to include online filing and online payment availability. The form consists of two (2) pages.
3. “Statement of Supervision for Registered Crematory Retort Operators”, Form CR-4, Oct. 2025. Form changed to reflect Kentucky Office of Regulatory Relief (“KORR”) as regulating agency. The form is used by crematory authorities to verify required training of retort operators as required by KRS 367.97514(6). Instructions changed to include online filing availability. The form consists of one (1) page.
4. “Crematory Authority License Application”, Form CR-5, Oct. 2025. The form is used by applicants seeking to obtain a crematory authority license as required by KRS 367.97504(1). Form changed to reflect Kentucky Office of Regulatory Relief (“KORR”) as regulating agency. There are no changes to this form. Instructions changed to include online application and online payment availability. The form consists of three (3) pages.
5. “Crematory Authority license application portal”, Oct. 2025. An applicant for a crematory authority license may submit an online application using this portal. The application consists of three (3) online pages. Attached as Appendix I are printed copies of the online application pages.
6. “Crematory Authority Annual Report portal”, Oct. 2025. A crematory authority licensee may submit its annual report using this portal. The online annual report consists of four (4) online pages. Attached as Appendix II are printed copies of the online annual report pages.
7. “Statement of Supervision for Registered Crematory Retort Operators portal”, Oct. 2025. A licensed crematory authority may verify required training of retort operators using this portal.

The online final report consists of two (2) online pages. Attached as Appendix III are printed copies of the online training report page.



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OFFICE OF ATTORNEY GENERAL**

Kentucky Office of Regulatory Relief
1024 Capital Center Drive, Suite 200
Frankfort, KY 40601
<https://ag.kv.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

(continued on next page)

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

(continued on next page)

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.

(continued on next page)

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

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.



For Official Use Only

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>

**STATEMENT OF SUPERVISION FOR
REGISTERED CREMATORY RETORT OPERATORS (CR-4)**

SECTION A – CREMATORY REPORT TRAINING INFORMATION

Name of person trained (“Trainee”): _____
Name of crematory operator (“Trainer”): _____
Trainer registration no.: _____
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: _____
Contact person name: _____
Contact person phone: _____ Contact person email: _____

SECTION B – SIGNATURE OF TRAINEE AND TRAINOR

By submitting this Crematory Retort Operator Training Report Form, the undersigned hereby swear and affirm, under penalty of perjury, that the Trainee identified in Section A above received at least forty-eight (48) hours of on the job crematory retort training supervised by the Crematory Operator.

(Signature of Trainer) _____ (Date Signed) _____

(Signature of Trainee) _____ (Date Signed) _____

INSTRUCTIONS

The Licensee may complete and submit training reports online at:
<https://www.ag.ky.gov/AG%20Business%20Forms/1Online%20Forms%20for%20Cemeteries.%20Funeral%20Homes.%200and%20Crematories.pdf>

Alternatively, Licensee shall submit this signed original paper report form 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:	_____

For Official Use Only

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>

CREMATORY AUTHORITY LICENSE APPLICATION (CR-5)

SECTION A - APPLICANT INFORMATION

Complete the following and attach requested documentation:

Legal name of Applicant (crematory authority): _____

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: _____

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, authorization certificate from the Kentucky Secretary of State's Office, or 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>

SECTION B – OWNERS AND OFFICERS OF APPLICANT

Complete the following for the business officer(s), director(s), and persons with a 10% or more controlling interest in the applicant (proprietor(s), partner(s), owner(s), member(s), and/or shareholder(s)). If ownership is held by an artificial entity(s) in a parent-subsidiary relationship, please complete for individuals whose ownership in the parent entity(s) equates to a 10% ownership of the applicant: *(Attach additional pages if needed)*

Name: _____ Title: _____
Address: _____

Name: _____ Title: _____
Address: _____

Name: _____ Title: _____
Address: _____

Name: _____ Title: _____
Address: _____

SECTION C – PRENEED FUNERAL AND BURIAL CONTRACT SALES

Applicant must complete a separate online application or complete and submit a Preneed Funeral and Burial Contract Seller Licensee Application, Form PNBL-1, if the Applicant intends to solicit the sale of pre-need burial contracts.

SECTION D – SIGNATURE OF APPLICANT

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 application form on behalf of the Applicant identified in Section A.
- (2) The information, and any attachments, provided in and with this application are true and correct.
- (3) No final judgment or conviction for any crime involving moral turpitude has been entered against the applicant or any of the individuals identified in Section B above.
- (4) The Applicant agrees to notify the Attorney General within fourteen (14) days of any material change in the information provided in and with this application.
- (5) The Applicant is solvent.
- (6) The Applicant has not conducted business in a fraudulent manner.
- (7) The Applicant is ready to commence operating a crematory and all relevant state and local permits required have been issued.
- (8) The Applicant agrees to provide requested records, documents and information to the Attorney General within a reasonable time after requested.
- (9) The Applicant understands that its registration application may be denied, and a registration suspended or revoked by the Attorney General.

(Signature of Applicant Representative)

(Date Signed)

(Printed Name)

(Title)

SECTION F – APPLICATION FEE PAYMENT

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

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 one hundred dollars (\$100.00) 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) \$100.00 Application Fee (if not paid online)*
- (b) Applicant's Certificate of Existence or Authorization certificate from Kentucky Secretary of State's Office*
- (c) Completed PNBL-1 license application form when Applicant intends to sell pre-need funeral and burial contracts.*

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 a license, the Applicant must file annual reports.*

Addendum I

Crematory Authority 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)

Crematory Authority License Application ▾

(CR-5) Name of Crematory Authority Applicant (business name) (required)

Doing Business as (DBA) name

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 Name (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

(CR-5) Does the applicant intend to solicit the sale of pre-need burial contracts? (required)

If yes, complete a [Pre-Need Burial Contract Sellers License Application](#) as well.

Select from below ▼

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)

1

First Owners Officers and Agents Name (required)

First Owners Officers and Agents Title (required)

First Owners Officers and Agents Address (required)

Signature of Applicant ▾

(CR-5) Typed Name as Electronic Signature (required)

I do hereby swear or affirm, under penalty of perjury, that I am authorized to submit this online application on behalf of the named applicant, and that all information and statements contained the application are true and correct to the best of my knowledge, information, and belief. I agree to sign and file this online application by electronic means with the Office of Regulatory Relief in compliance with the Kentucky Uniform Electronic Transaction Act contained in KRS 369.101 to 369.120.

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 application.

1. The undersigned is authorized to complete this application 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. No final judgment or conviction for any crime involving moral turpitude has been entered against the applicant or any of the individuals identified in Section B above.
4. The applicant agrees to notify the Attorney General within fourteen (14) days of any material change in the information provided in and with this application.
5. The applicant is solvent.
6. The applicant has not conducted business in a fraudulent manner.
7. The applicant is in a position to commence operating a crematory and all relevant state and local permits required have been issued.
8. The applicant agrees to provide requested records, documents and information to the Attorney General within a reasonable time after requested.
9. The applicant understands that its registration application may be denied and a registration suspended or revoked by the Attorney General.

Typed Signature

! (CR-5) Typed Name as Electronic Signature is required

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

Crematory Authority 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

(CR-2) Name of Crematory Authority Applicant (required)

Doing Business as (DBA) name

License/Registration # (required)

Street Address for Physical Location (required)

City (required) State (required) Zip Code (required)

County (required)

Business Mailing Street Address (required)

Business City (required) Business State (required) 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 4

[Next](#)

Cremations Performed ▾

Number of retorts operated for cremation of human remains (required)

Total number of cremations of human remains performed during the calendar year (required)

Page 2 of 4

[Previous](#)

[Next](#)

Crematory Operators ▾

Number of Crematory Retort Operators (required)

1) Name (required)

1) Registration No

###-CRO-##

Page 3 of 4

[Previous](#)

[Next](#)

Signature of Licensee ▾

(CR-2) Typed Name as Electronic Signature (required)

By submitting this completed Crematory Authority Annual Report Form, the undersigned hereby swears and affirms, under penalty of perjury, that the undersigned has authority to sign on behalf of the Crematory Authority; that all representations and statements contained in this report are true and correct to the best of the undersigned knowledge, information and belief; and that there has been no material change of information in the Crematory Authority license application, or the last annual report, that has not already been previously reported.

(CR-2) Name of Crematory Authority Representative

(CR-2) Title of Crematory Authority Representative (required)

Signature Date (required)

06/30/2025



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

Select from below ▾

Addendum III

Crematory Authority Online Statement of Supervision for Registered Crematory Retort Operators portal pages

Kentucky Office of Regulatory Relief ("KORR") Statement of Supervision for Registered Crematory Retort Operators (CR-4)

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.

Crematory Report Training Information ▾

Name of person trained ("Trainee") (required)

Trainee Email Address

Name of crematory operator ("Trainer") (required)

Trainer Registration No (required)

Name of Crematory Authority (required)

License # (required)

Doing Business as (DBA) name

Street Address for Crematory's Physical Location (required)

City (required)

State (required)

Zip Code (required)

County (required)

Business Mailing Street Address (required)

Business City (required)

Business State (required)

Business Zip Code (required)

Contact Person Name (required)

Contact Person Phone (required)


Contact Person Email (required)

Signature of Trainee and Trainer ▾

Signature of Trainer (required)


By submitting this Crematory Retort Operator Training Report Form, the undersigned crematory operator and trainee hereby swear and affirm, under penalty of perjury, that the Trainee received at least forty-eight (48) hours of on the job crematory retort training supervised by the Crematory Operator.

Date Trainer Signed (required)

06/30/2025	
------------	---

Signature of Trainee (required)

Date Trainee Signed (required)

06/30/2025	
------------	---

SENATE MEMBERS

Robert Stivers
President, LRC Co-Chair
David Givens
President Pro Tempore
Max Wise
Majority Floor Leader
Gerald A. Neal
Minority Floor Leader
Robby Mills
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Minority Caucus Chair
Jason Nemes
Majority Whip
Lindsey Burke
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