

Date Remains Received By Crematory Authority: _____

Date of cremation _____

Cremation Number: _____

Name of person performing cremation: _____

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

**FUNERAL DIRECTORS VAULT, LTD
817 East Jefferson Street
Louisville, Kentucky 40206
(502)585-4401**

It is the policy of Funeral Directors Vault, LTD ("FDV") that it will accept a declarant or decedent for cremation only after all of the following conditions have been met.

- 1) All necessary authorizations have been obtained.
- 2) That all prerequisites to be performed by the state regarding the death have taken place and any required forms or permits are attached.

IDENTIFICATION OF DECLARANT OR DECEDENT

(Please Print All Information On This Form)

Name: _____

Address: _____

City, State, Zip: _____

Age: _____ Gender: _____ Date of Birth: _____

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

Name of individual making identification: _____ Relationship: _____

Signature of individual making identification: _____

CREMATION AUTHORIZATION

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

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

- (1) The individual executing a Funeral Planning Declaration, Form FPD-1 (attach original Funeral Planning Declaration).
- (2) The person named as the designee or alternate designee in a Funeral Planning Declaration, Form FPD-1 (attach original Funeral Planning Declaration).
- (3) The person named in a U.S. Department of Defense form "Record of Emergency Data" (DD Form 93) or a successor form adopted by the United States Department of Defense, if the decedent died while serving in any branch of the United States Armed Forces (attach original form).
- (4) The decedent through a Preneed Cremation Authorization, Form CR-3 completed and executed before July 15, 2016 (attach original Form CR-3).
- (5) The surviving spouse of the declarant or decedent.
- (6) The surviving adult child of the declarant or decedent; OR a majority of the adult children if more than one (1) adult child is surviving; OR less than a majority of the surviving adult children by attesting in writing showing the reasonable efforts to notify the other adult surviving children of their intentions and that they are not aware of any opposition to the final disposition instructions by more than half of the surviving adult children. There are _____ surviving adult children.
- (7) The surviving parent(s) of the declarant or decedent. If one (1) parent is absent, the parent who is present has the right to control the disposition by attesting in writing showing the reasonable efforts to notify the absent parent. Number of surviving parents _____.

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

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

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

(11) ____ If none of the persons listed in sections (1) to (10) above are available, one of the following who attests in writing showing the good-faith effort made to contact any living individuals described in sections (1) to (10) above. 1. A person willing to act and arrange for the final disposition of the decedent; or 2. A funeral home that has a valid prepaid funeral plan that makes arrangements for the disposition of the decedent's remains, if the funeral director makes the written attestation.

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

INFORMATION REGARDING OTHER RIGHTS AND RESPONSIBILITIES CONCERNING CREMATIONS

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

1. **All cremations are performed individually.** It is unlawful to cremate the remains of more than one individual within the same cremation chamber at the same time.
2. **The consumer may choose cremation without choosing embalming services.** If the crematory does not have a refrigerated holding facility it shall not accept human remains for anything other than immediate cremation.
3. **The consumer is not required to purchase a casket for the purpose of cremation.** The crematory authority requires that the body of the declarant or decedent be delivered for cremation in a suitable, closed container. The container shall be either a casket or an alternative cremation container, but the crematory authority shall not require that the body be placed in a casket before cremation or that the body be cremated in a casket, nor shall a crematory authority refuse to accept human remains for cremation because they are not in a casket. The container in which the body is delivered to the crematory for cremation shall: 1) be composed of readily combustible materials suitable for cremation; 2) be able to be closed to provide a complete covering for the human remains; 3) be resistant to leakage or spillage; and 4) be rigid enough to support the weight of the declarant or decedent. The crematory authority may inspect the casket or alternative container, including opening it if necessary. The crematory authority shall not accept for holding a cremation container from which there is any evidence of leakage of the body fluids from the human remains in the container.

Type of casket or alternative container selected: _____

4. **Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework), that are left with the declarant or decedent and not removed from the casket or alternative container prior to cremation shall be destroyed or shall otherwise not be recoverable unless authority to do so otherwise is specifically granted in writing.** As the casket or alternative container will usually not be opened by the crematory authority to remove valuables, to allow for final viewing or for any other reason unless there is leakage or damage, the authorizing agent(s) understands that arrangements must be made to remove any possessions or valuables prior to the time the declarant or decedent is transported to the crematory authority.

5. **Cremated remains shall not be contaminated (to the extent possible) with foreign material.** All non-combustible materials (insofar as possible), such as dental bridgework, and materials from the casket or alternative container, such as hinges, latches, nails, etc., shall be separated and removed (to the extent possible) by visible or magnetic selection and shall be disposed of by the crematory authority with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments and organic ash, including both human remains and container remains, remain unless those objects are used for identification or as may be requested by the authorizing agent. As the cremated remains often contain recognizable bone fragments, unless otherwise specified, after the bone fragments have been separated from the other material, they shall be mechanically processed or pulverized, which includes crushing or grinding into granulated particles of unidentifiable dimensions, virtually unrecognizable as human remains, prior to placement into the designated container. While every effort will be made to avoid commingling of cremated remains, inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations is a possibility, and the authorizing agent(s) understands and accepts this fact.

FINAL DISPOSITION

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

- 1) Interment, at _____
- 2) Scattering in scattering area or garden, at _____
- 3) In any manner on private property with the permission of the owner, at _____
- 4) Delivery either in person or by a method that has an internal tracking system that provides a receipt signed by the person accepting delivery, to: _____
- 5) Picked up at the crematory office, by: _____

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

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

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

If yes, please explain: _____

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

Description: _____

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

SIGNATURE OF THE DECLARANT OR AUTHORIZING AGENT(S)

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

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

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

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

Executed at _____, this _____ day of _____, _____.

Name: _____ Signature: _____

Address: _____ Relationship to Declarant or Decedent: _____

City, State, Zip Code: _____ Telephone #: _____

Name: _____ Signature: _____

Address: _____ Relationship to Declarant or Decedent: _____

City, State, Zip Code: _____ Telephone #: _____

Name: _____ Signature: _____

Address: _____ Relationship to Declarant or Decedent: _____

City, State, Zip Code: _____ Telephone #: _____

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

Name: _____ Signature: _____

Address: _____

City, State, Zip Code: _____ Telephone #: _____

"The policies set forth below are part of the terms of the contract for cremation services. While not required by Kentucky law, they are an integral part of the contract between the individual / authorizing agent(s) and the crematory authority for cremation services. The crematory authority may establish any policy or procedure it sees fit as a condition of doing business that does not conflict with applicable law. In entering into this agreement and contract, both parties are contractually bound by its terms."

Are there any people who wish to witness the casket or container being placed in the cremation chamber? YES _____ NO _____

If yes, FDV Witness Authorization Form must be completed, signed by Authorizing Agent(s) and attached to this form.

FDV is authorized to perform the cremation upon receipt of the decedent, at its discretion, and according to its own time schedule, as work permits, without obtaining any further authorizations or instructions. YES _____ NO _____

If no, please explain and complete the next section: _____

The cremation shall take place on _____ (day) _____ (date), _____ (time)

If a metal casket is purchased and delivered to FDV, the Authorizing Agent(s) understands and consents to the fact that FDV, at its sole discretion, reserves the right to take any or all of the following steps to facilitate the cremation: to remove the casket lid prior to cremation, to prop the casket lid open during cremation, to cut an additional opening in the casket. The Authorizing Agent(s) also understands and consents to the fact that following the cremation the remnants of the metal casket shell will be manually or mechanically reduced in size so that it may be discarded in an economical manner with similar materials from other cremations and other refuse in a non-recoverable manner and that any metal salvage value will be used to offset the cost involved.

After the cremated remains have been processed, they will be placed in the designated urn or container. FDV will make a reasonable effort to put all of the cremated remains in the urn or container provided, with the exception of dust or other residue that may remain on the processing equipment. FDV requires that any urn provided be resistant to deterioration and breakage and that in the case of an adult, the urn be a minimum size of 200 cubic inches. In the event the urn or other container selected is insufficient to accommodate all of the cremated remains, the excess will be placed in a separate receptacle. The separate receptacle will be kept with the primary receptacle and handled according to the disposition instructions on this form. Unless a suitable container is provided for the cremated remains, FDV will place the cremated remains in a container designed for short-term use and not recommended for any type of shipment or permanent storage.

Size and Type of Urn or Container: _____

The Authorizing Agent(s) understands that the services of FDV will have been fully completed when the cremated remains are delivered to the funeral home, person or entity specified on this form. If the cremains are to be delivered by a method that includes a statement acknowledging receipt, the services of FDV will have been fully completed when the cremated remains are delivered to the Postal Service for mailing; that further handling and delivery are the responsibility of the Postal Service; and that FDV is only acting as agent for accommodation in carrying out these instructions.

As the Authorizing Agent(s), I (we) hereby agree to indemnify, defend, and hold harmless FDV, its officers, agents, and employees, of and from any and all claims, demands, causes, or causes of action, and suits of every kind, nature, and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure of the authorizing agent(s) to properly identify the human remains transmitted to FDV, mistakes in processing, shipping and final disposition of the decedent's cremated remains resulting from this authorization, the failure of the Authorizing Agent(s) or their designee to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other persons claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by FDV, its officers, agents, employees, pursuant to this authorization, excepting only willful negligence on the part of FDV.

REPRESENTATION OF FUNERAL DIRECTOR

By executing this authorization form as a licensed funeral director and agent of the funeral home indicated, I warrant to the best of my knowledge the following:

- 1) That our funeral home was responsible for making arrangements with the Individual / Authorizing Agent(s) for the cremation of the decedent and that we reviewed this authorization form with the Authorizing Agent(s).
- 2) That no member of our funeral home has any knowledge or information that would lead us to believe that any of the answers provided on this form by the Individual / Authorizing Agent(s) are incorrect.
- 3) That the human remains delivered to FDV and represented as the human remains specified on this form are in fact the human remains that were identified to our funeral home as the decedent
- 4) That our funeral home obtained all necessary permits authorizing the cremation of the decedent, and that those permits are attached.
- 5) That the representation contained above concerning the decedent's cause of death and regarding any infectious or contagious disease are true.
- 6) That the representations contained on this form concerning a pacemaker and any other material or implant that may be potentially hazardous are true and have been removed.

Funeral Home name: _____

Address: _____

City, State, Zip code: _____ Telephone# _____

Licensed Funeral Director's Signature