

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

**COMMONWEALTH OF KENTUCKY  
OFFICE OF THE ATTORNEY GENERAL  
CREMATION AUTHORIZATION FORM CR-1, #10-16**

**WOODLAWN CREMATORY  
311 HOLIDAY SQ. RD.  
SEYMOUR, INDIANA 47274  
812-523-1074**

It is the policy of the crematory authority that it will accept a declarant or decedent for cremation only after **all** of the following conditions have been met.

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

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Name of individual making identification: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of individual making identification: \_\_\_\_\_

## CREMATION AUTHORIZATION

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

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

- (1)  The individual executing a Funeral Planning Declaration, Form FPD-1 (attach original Funeral Planning Declaration).
- (2)  The person named as the designee or alternate designee in a Funeral Planning Declaration, Form FPD-1 (attach original Funeral Planning Declaration).
- (3)  The person named in a U.S. Department of Defense form "Record of Emergency Data" (DD Form 93) or a successor form adopted by the United States Department of Defense, if the decedent died while serving in any branch of the United States Armed Forces (attach original form).
- (4)  The decedent through a Preneed Cremation Authorization, Form CR-3 completed and executed before July 15, 2016 (attach original Form CR-3).
- (5)  The surviving spouse of the declarant or decedent.
- (6)  The surviving adult child of the declarant or decedent; OR a majority of the adult children if more than one (1) adult child is surviving; OR less than a majority of the surviving adult children by attesting in writing showing the reasonable efforts to notify the other adult surviving children of their intentions and that they are not aware of any opposition to the final disposition instructions by more than half of the surviving adult children. There are \_\_\_\_\_ surviving adult children.
- (7)  The surviving parent(s) of the declarant or decedent. If one (1) parent is absent, the parent who is present has the right to control the disposition by attesting in writing showing the reasonable efforts to notify the absent parent. Number of surviving parents \_\_\_\_\_.
- (8)  The surviving adult grandchild of the declarant or decedent; OR a majority of the adult grandchildren if more than one (1) adult grandchild is surviving; OR less than a majority of the surviving adult grandchildren by attesting in writing showing the reasonable efforts to notify the other adult surviving grandchildren of their intentions and that they are not aware of any opposition to the final disposition instructions by more than half of the surviving adult grandchildren. There are \_\_\_\_\_ surviving adult grandchildren.
- (9)  The surviving adult sibling of the declarant or decedent; OR a majority of the adult siblings if more than one (1) adult sibling is surviving; OR less than a majority of the surviving adult siblings by attesting in writing showing the reasonable efforts to notify the other adult surviving siblings of their intentions and that they are not aware of any opposition to the final disposition instructions by more than half of the surviving adult siblings. There are \_\_\_\_\_ surviving adult siblings.
- (10)  An individual in the next degree of kinship under KRS 391.010 to inherit the estate of the declarant or decedent or; OR a majority of those in the same degree of kinship if more than one (1) individual of the same degree is surviving; OR less than a majority of the individuals of the same degree of kinship by attesting in writing showing the reasonable efforts to notify the other individuals of the same degree of kinship of their intentions and that they are not aware of any opposition to the final disposition instructions by more than half of the individuals of the same degree of kinship. There are \_\_\_\_\_ surviving individuals of the following relationship \_\_\_\_\_.
- (11)  If none of the persons listed in sections (1) to (10) above are available, a person willing to act and arrange for the final disposition of the declarant or decedent, including a funeral home, that has a valid prepaid funeral plan that makes arrangements for the disposition of the declarant or decedent, and attests in writing showing the good-faith effort made to contact any living individuals described in sections (1) to (10) above.

## 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 #: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Declarant or Decedent: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Declarant or Decedent: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Declarant or Decedent: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Declarant or Decedent: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_