

COMMONWEALTH OF KENTUCKY  
OFFICE OF THE ATTORNEY GENERAL

**FUNERAL PLANNING DECLARATION  
FORM FPD-1, 10-16**

Declaration made this \_\_\_\_ day of \_\_\_\_\_ (month, year). I, \_\_\_\_\_ (print name, also referred to as "Declarant" in this Declaration), being at least eighteen (18) years of age and of sound mind, willfully and voluntarily make known my instructions concerning funeral services, funeral and cemetery merchandise, ceremonies, and the disposition of my remains after my death. By executing this Declaration, I revoke any Declaration previously made.

**Designee**

1. A Designee is an individual designated and directed by the terms of this Declaration to carry out the Declarant's funeral plan or make arrangements concerning disposition of the Declarant's remains, funeral services, cemetery merchandise, funeral merchandise, or ceremonies;
2. If the Declarant does not designate a Designee in this Declaration, the Declarant shall provide instructions concerning funeral services, ceremonies, and disposition of the Declarant's remains;
3. A person is not considered to be entitled to any part of the Declarant's estate solely by virtue of being designated in this Declaration to serve as the Designee;
4. The Designee shall not be a provider of funeral or cemetery services, or responsible for any aspect of disposition of the Declarant's remains, or associated with any entity responsible for providing funeral or cemetery services or disposing of the Declarant's remains, unless the Designee is related to the Declarant by birth, marriage or adoption;
5. A Designee shall not be a witness to this Declaration;
6. If the Designee or alternate Designee fail to assume an obligation set forth in this Declaration, within five (5) days of notification of notification of the Declarant's death, the authority to make arrangements shall devolve pursuant to the terms of this Declaration or KRS 367.93117.

\_\_\_\_\_ I hereby declare and direct that after my death \_\_\_\_\_ (name of Designee) shall, as my Designee, carry out the instructions that are set forth in this Declaration. If my Designee is unwilling or unable to act, I declare \_\_\_\_\_ (name of alternate Designee) as an alternate Designee.

\_\_\_\_\_ I hereby elect not to select a Designee, and direct that the instructions listed herein for funeral services, ceremonies, and the disposition of my remains after my death be followed.

**Instructions Concerning Funeral Services, Funeral and Cemetery Merchandise, Ceremonies, and the Disposition of My Remains After My Death**

I hereby declare and direct that after my death the following actions be taken (indicate your choice by initialing or making your mark before signing this declaration:

(1) My body shall be (select one):

- (A) \_\_\_ Buried. I direct that my body be buried at \_\_\_\_\_.
- (B) \_\_\_ Cremated. I direct that my cremated remains be disposed of as follows, or if no method of disposition is selected then I leave the decision to my Designee:  
\_\_\_ Placing them in a grave, crypt, or niche at \_\_\_\_\_,  
or if left blank then at a location to be selected by my Designee;  
\_\_\_ Scattering them in a scattering area; or  
\_\_\_ On private property with the consent of the owner.
- (C) \_\_\_ Entombed. I direct that my body be entombed at \_\_\_\_\_.
- (D) \_\_\_ Donated. I direct that my body be donated as an anatomical gift pursuant to KRS 311.1911, et. seq. (Do not select if donation has been selected by another method).
- (E) \_\_\_ I intentionally make no decision concerning the disposition of my body, leaving the decision to my Designee.

(2) My arrangements shall be made as follows:

- (A) \_\_\_ I direct that funeral services be obtained from (if left blank then my Designee will decide): \_\_\_\_\_
- (B) \_\_\_ I direct that the following funeral services and ceremonial arrangements be made:  
\_\_\_\_\_  
\_\_\_\_\_
- (C) \_\_\_ I direct the selection of a grave memorial, monument or marker that:  
\_\_\_\_\_
- (D) \_\_\_ I direct that the following funeral and cemetery merchandise and other property be selected for the disposition of my remains, my funeral or other ceremonial arrangements:  
\_\_\_\_\_  
\_\_\_\_\_
- (E) \_\_\_ I direct my Designee make all arrangements concerning ceremonies and other funeral or burial services.

(3) \_\_\_\_ In addition to the instructions listed above, I request the following:

\_\_\_\_\_  
\_\_\_\_\_

(4) I direct my Designee to make alternate arrangements to the best of the Designee's ability if it is impossible to make an arrangement specified herein because:

- (A) A funeral home or other service or merchandise provider is out of business, impossible to locate, or otherwise unable to provide the specified service; or
- (B) The specified arrangement is impossible, illegal, or exceeds the funds available or is inconsistent with the terms of the pre-arranged funeral or cemetery contract.

It is my intention that this Declaration be honored by my family and others as the final expression of my intentions concerning my funeral and the disposition of my body after my death. I understand the full import of this Declaration.

**Signatures                    The following signatures and notary signature all need to be obtained:**

**Declarant, or another person in the Declarant's presence and at the Declarant's direction**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Declarant's City, County, and State of Residence: \_\_\_\_\_

Print name of person who signed at Declarant's direction (if applicable): \_\_\_\_\_

**Witnesses**

I believe the Declarant to be of sound mind and willfully and voluntarily executed the Declaration. I did not sign the Declaration on behalf of and at the direction of the Declarant. I am not a parent, spouse, child, or Designee of the Declarant. I am not entitled to any part of the Declarant's estate. The Declarant, or the person signing at the direction of the Declarant, signed the Declaration in my presence. I am competent and at least eighteen (18) years of age.

Witness \_\_\_\_\_

Witness \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**Notary Public or other person authorized to administer oaths**

State of Kentucky  
\_\_\_\_\_ County

Before me, the undersigned authority, came the Declarant and acknowledged that he or she voluntarily dated and signed this writing, or directed it to be signed and dated as above in his or her presence, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public or other person authorized  
to administer oaths

My Commission Expires: \_\_\_\_\_

Title: \_\_\_\_\_