



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>

FUNERAL PLANNING DECLARATION FORM (FPD-1)

SECTION A - DECLARANT INFORMATION

Complete the following:

Name of declarant: _____

Driver's license or other identification no.: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ E-mail address: _____

SECTION B - DESIGNEE ELECTION AND DESIGNATION

A Designee is the 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 human remains, funeral services, cemetery merchandise, funeral merchandise, or ceremonies after death. If the Declarant does not designate a Designee in this Declaration, the Declarant must provide instructions concerning funeral services, ceremonies, and disposition of the Declarant's human remains after death. A provider of funeral or cemetery services, or person employed by such business, cannot be a Designee unless related to the Declarant. *(Please complete.)*

I, the Declarant, hereby declare and direct that after my death, the following person shall, as my Designee, carry out the instructions that are set forth in this Declaration. If the Designee is unwilling or unable to act, I declare and direct the following identified person, as my Alternate Designee, to carry out my instructions in this Declaration.

Name of Designee: _____

Street Address: _____ City: _____

State, Zip Code: _____ Telephone: _____

Name of Alternative Designee: _____

Street Address: _____ City: _____

State, Zip Code: _____ Telephone: _____

OR

I, the Declarant, 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.

SECTION C - DECLARANT'S DIRECTIONS AND SIGNATURE

The undersigned Declarant hereby declares and directs that the following actions be taken after the Declarant's death. *(Please complete. Attach additional pages if necessary.)*

(1) Declarant's human remains shall be *(select one)*:

(A) Buried. I direct that my body be buried at _____.

(continued on next page)

SECTION C - DECLARANT'S DIRECTION AND SIGNATURE (continued)

Please read instructions and affirmations for Section C on prior page 1 and finish completing this Section. *Attach additional pages if needed.*

- (B) Cremated. I direct that my cremated human remains be disposed of as follows, or if no method of disposition is selected then I leave the decision to my Designee:
 - Delivering my cremated human remains to _____;
 - Placing them in a grave, crypt, or niche at _____ (If left blank then at a location to be selected by my Designee);
 - Scattering them in a scattering area; or
 - Scattering them on private property with the consent of the owner.
- (C) 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) Declarant intentionally makes no decision and leaves that decision to the Designee.

(2) Arrangements shall be made as follows:

- (A) Funeral services shall be obtained from _____ (if left blank then my Designee will decide).
- (B) The following funeral services and ceremonial arrangements shall be made: _____
- (C) Selection of a grave memorial, monument or marker, shall be as follows: _____
- (D) The following funeral and cemetery merchandise and other property shall be selected for the disposition of the Declarant's remains, funeral or other ceremonial arrangements: _____
- (E) The Designee shall make all arrangements concerning ceremonies and other funeral or burial services.

(3) In addition to the instructions listed above, the following shall occur: _____

(4) The undersigned Declarant directs the 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.

By executing this completed Funeral Planning Declaration, the undersigned Declarant, or Person signing on behalf of the Declarant, hereby swears and affirms, under penalty of perjury, that the undersigned is of sound mind and eighteen (18) years of age or older, and that I have read and fully understands all terms and conditions in this Declaration. The Declarant hereby revokes any prior executed Funeral Planning Declaration, Form FPD-1.

(Signature of Declarant)

OR

(Signature of Person Directed by Declarant to sign on the Declarant's behalf and signed in the Declarant's presence)*

(Printed Name of Declarant or Signer)

(Date Signed)

* An agent granted authority to act for a principal under a power of attorney cannot sign a Funeral Planning Declaration, Form FPD-1, as a Declarant, but must be directed by the Declarant to sign the Funeral Planning Declaration, Form FPD-1, in the presence of the Declarant and the two (2) required witnesses.

SECTION D – SIGNATURE OF WITNESSES

The undersigned witnesses hereby swear and affirm, under penalty of perjury, that the witnesses are eighteen (18) years of age or older, that the witnesses observed the Declarant sign this Funeral Planning Declaration (or witnessed the Declarant instruct another person to sign it on the Declarant’s behalf), that the witnesses do not sign this Declaration on behalf of the Declarant; and, that the witnesses are not Designees of the Declarant in Section B.

(Signature of First Witness)

(Signature of Second Witness)

(Printed Name)

(Printed Name)

(Dated Signed)

(Date Signed)

SECTION F – NOTARY PUBLIC OR PERSON AUTHORIZED TO ADMINISTER OATHS

Commonwealth of Kentucky)

)

County of _____)

Subscribed and sworn to and acknowledged before me by the above-identified Declarant and witnesses, this _____ day of _____, 20_____.

NOTARY PUBLIC, STATE-AT-LARGE

Notary I.D No.: _____

My Commission Expires: _____

INSTRUCTIONS

The business completing the form MUST keep and maintain the original completed Funeral Planning Declaration Form as part of its business records and permit the Attorney General to inspect it upon request.