

Date Remains Received By Crematory Authority: \_\_\_\_\_  
Cremation Number: \_\_\_\_\_  
Date of cremation: \_\_\_\_\_  
Name of operator performing cremation: \_\_\_\_\_  
Signature of Crematory Authority Representative \_\_\_\_\_

**COMMONWEALTH OF KENTUCKY**  
**OFFICE OF THE ATTORNEY GENERAL**  
**Ky Office of Regulatory Relief**  
**CREMATION AUTHORIZATION FORM CR-1, (Oct. 2025)**

James H. Davis Crematory  
3009 Frederica Street, Owensboro, Kentucky 42301  
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Crematory Authority Lic No. 98-CAL-059-099

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 Ky has performed all prerequisites regarding the death; and , (3) any required forms or permits are attached.

**SECTION B - IDENTIFICATION OF DECEDENT**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death \_\_\_\_\_  
Location where death occurred (city, county & state): \_\_\_\_\_  
Did the Decedent have any infectious or contagious disease? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If "yes", please explain: \_\_\_\_\_

**Section B1 General Decedent Identification** [For identification of a fetus that is to be cremated, please complete Section B2]

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 person identifying decedent: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Signature of person identifying decedent: \_\_\_\_\_

**Section B2 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 address: \_\_\_\_\_  
Gestational age: \_\_\_\_\_ Gender \_\_\_\_\_  
Name of person identifying decedent: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Signature of person identifying decedent: \_\_\_\_\_

**SECTION C - AUTHORIZING AGENTS FOR CREMATION**

The person legally entitled to order the 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 form FPD-1); or, (b) Discontinued Preneed Cremation Auth, Form CR-3, executed prior to July 15, 2016 (attach original CR-3)
- (2) \_\_\_\_\_ The person named as the designee or alternate designee in a Funeral Planning Declaration, Form FPD-1 (attach original form)
- (3) \_\_\_\_\_ The person named in a U.S. Department of Defense form "Record of Emergency Data" (DD Form 93) or a successor 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 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.
- (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 Agents(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. It is unlawful to cremate the remains of more than one individual within the same cremation chamber at the same time.
3. 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.
4. 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: \_\_\_\_\_

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 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.

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 noncombustible 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.

**SECTION E - FINAL DISPOSITION INSTRUCTIONS**

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: \_\_\_\_\_

**TYPE OF URN** \_\_\_\_\_

**SECTION F - SIGNATURE OF THE DECLARANT OR AUTHORIZING AGENT(S)**

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 understand 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 FPD-1 or discontinued CR-3.

*IF THE APPOINTING AUTHORITY IS A CLASS OF MEMBERS, MARK THE APPLICABLE CLASS & COMPLETE 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. The undersigned has made reasonable efforts to notify the other \_\_\_ members of the authorizing class by (describe efforts): \_\_\_\_\_

\_\_\_ For and Authorizing Agent listed in Section C(6)(parent(s)), the undersigned 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(1-10) 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 #: \_\_\_\_\_

**SIGNATURE OF AN INDIVIDUAL AS A WITNESS FOR THE SIGNATURE(S) OF THE DECLARANT OR AUTHORIZING AGENT(S) ABOVE**

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

Address: \_\_\_\_\_ Title or Relationship: \_\_\_\_\_

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

