

Date Cremation Received: _____

Cremation Number: _____

NMS, INC.

Date of Cremation: _____

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Name of person performing cremation: _____

**COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL
CREMATION AUTHORIZATION FORM CR-1, #11-02**

**Care Cremation Service
1014 Eastland Drive
Lexington, KY 40505**

**Phone (859) 388-9442
Fax (859) 388-9443**

It is the policy of Care Cremation Service that it will accept a decedent for cremation only after ALL of the following conditions have been met.

- 1) Civil and medical authorities have issued all requirements permits.**
- 2) All necessary authorizations have been obtained and no objections have been raised.**
- 3) That all prerequisites by the state of death have taken place and any required forms or permits are attached.**

IDENTIFICATION OF DECEASED

(Please **PRINT** All Information on This Form)

Name: _____

Address: _____

City, State, Zip: _____

Age: _____ **Sex:** _____ **Date of death:** _____

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

Did the Decedent have any infectious or contagious disease? YES ____ **NO** ____

If yes, please explain: _____

Mechanical or radioactive devices or implants in the decedent may create a hazardous condition when placed in a cremation chamber.

Do the Decedent's remains contain a pacemaker, prosthesis, radioactive implant, or any other device that could be explosive? **YES** ____ **NO** ____

Has the Decedent been treated with therapeutic radionuclides such as Strontium 89 or any other treatment that would result in residual radioactive material remaining as part of the decedent's remains?
YES ____ **NO** ____

If yes, what was the treatment: _____

Date treatment was last administered: _____

Kentucky law requires the decedent'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, etc., who has personal knowledge of the deceased or the ability to make positive identification and who accepts any liability arising from such identification.

Name of individual making identification: _____

Signature of individual making identification: _____

Relationship: _____

CREMATION AUTHORIZATION

The person legally entitled to order the cremation of the decedent is the authorizing agent(s). The right to control the disposition of the remains of a deceased person, unless other directions have been given by the decedent, vests in and the duties of disposition devolved upon the authorizing agent(s).

RELATIONSHIP OF AUTHORIZING AGENT TO THE DECEDENT: (Check one that applies)

- (A) _____ The decedent through a pre-need cremation authorization CR-3 (attach original CR-3 form).
- (B) _____ The surviving spouse of the decedent.
- (C) _____ The surviving adult children of the decedent. Number of surviving adult children _____
- (D) _____ The surviving parents of the decedent. Number of surviving adult parents _____
- (E) _____ The surviving adult grandchildren of the decedent. Number of surviving adult grandchildren _____
- (F) _____ The surviving adult siblings of the decedent. Number of surviving adult siblings _____
- (G) _____ The next closest adult relative of the decedent. Relationship _____
- (H) _____ In the absence of any of the above, by order of District Court. A copy of the court order must be attached.

The authorizing agent(s) shall carefully read and understand the following statements before signing this authorization. The authorizing agent(s) shall complete the segment directing the final disposition of the cremated remains. Care Cremation Service will not conduct any cremation nor accept a body for cremation unless it has a cremation authorization form signed by the authorizing agent(s) clearly stating the final disposition. If the cremation is being performed pursuant to a Pre-Need Authorization (CR-3), the original form shall be attached to this form in lieu of the following statements concerning the authorization of the cremation.

- 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 practices.** However, if the crematory does not have a refrigerated holding facility it cannot accept human remains for anything other than immediate cremation

3. The consumer is not required to purchase a casket for the purpose of cremation.

Care Cremation Service requires that the body of the deceased be delivered for cremation in a suitable container which may be either a casket or an alternative (cremation) container for cremation. If an alternative container is provided, it must meet the following standards: 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 deceased. Care Cremation Services is authorized to inspect the casket or alternative container, including opening if necessary and, in the event there is leakage or damage, Care Cremation Service Crematory may refuse to accept the Decedent for the purpose of cremation or refrigeration.

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 decedent and not removed from the casket or alternative container prior to cremation will be destroyed or will 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 Care Cremation Service 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 such possessions or valuables prior to the time the decedent is transported to Care Cremation Service.

5. Cremation remains shall not be contaminated (insofar as 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., will be separated and removed by visible or magnetic selection and will be disposed of by Care Cremation Service with similar material 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 required by the authorizing agent(s). As the cremated remains often contain recognizable bone fragments, unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically processed (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 cremains, 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 shall be by: (please mark and complete the chosen disposition)

_____ 1) Interment: _____

_____ 2) Scattering in a scattering garden: _____

_____ 3) Scattering on private property with the permission of the owner: _____

_____ 4) Delivery either in person or by registered mail to: _____

_____ 5) Picked up at the crematory office by: _____

SIGNATURE OF THE AUTHORIZING AGENT(S)

By executing this cremation form, as authorizing agent(s), or the next class of authorizing agent(s) if pre-need authorization form CR-3 is attached, the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce Care Cremation Service to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

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

Name: _____ Signature _____

Address: _____ City, State, Zip: _____

Telephone #: _____ Relationship to Deceased: _____

Name: _____ Signature _____

Address: _____ City, State, Zip: _____

Telephone #: _____ Relationship to Deceased: _____

Name: _____ Signature _____

Address: _____ City, State, Zip: _____

Telephone #: _____ Relationship to Deceased: _____

Name: _____ Signature _____

Address: _____ City, State, Zip: _____

Telephone #: _____ Relationship to Deceased: _____

Name: _____ Signature _____

Address: _____ City, State, Zip: _____

Telephone #: _____ Relationship to Deceased: _____

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

Name: _____ Signature _____

Address: _____

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