

Date Cremation Received: \_\_\_\_\_  
Cremation Number: \_\_\_\_\_  
Date of Cremation: \_\_\_\_\_  
Name of person performing Cremation: \_\_\_\_\_

**ARRANGEMENTS BY CREMATION SOCIETY OF KENTUCKY  
1-888-935-1040**

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

**Cremation Society of Kentucky  
4059 Shelbyville Rd  
Louisville KY 40207  
502-897-5898  
502-899-1517 fax**

It is the policy of Borden 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 required 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: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
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 implants, or any other devices 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 materials 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, 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. Borden 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 services.** 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.** Borden 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. Borden Cremation Service is authorized to inspect the casket or alternative container, including opening if necessary, and, in the event there is leakage or damage, Borden Cremation Service may refuse to accept the Decedent for the purpose of cremation or refrigeration.

Type of casket or alternative container selected: Basic Cremation Container

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 Borden 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 valuable prior to the time the decedent is transported to Borden Cremation Service.
5. **Cremated remains shall not be contained (insofar as 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., will be separated and removed by visible or magnetic selection and will be disposed of by Borden Cremation Service 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 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 designed 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 DISPOSTION**

Disposition shall be by: (please mark and complete the chosen disposition)

\_\_\_\_\_ 1) Interment: \_\_\_\_\_

\_\_\_\_\_ 2) Scattering in scattering area or 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 authorization 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 Borden 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 Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
**Telephone #:** \_\_\_\_\_ **Relationship to Deceased:** \_\_\_\_\_

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

**State of** \_\_\_\_\_ )  
**County of** \_\_\_\_\_ )

**Subscribed, Sworn and Acknowledged before me, a Notary Public, by \_\_\_\_\_, to me personally known, who first stated to me that he (she) had read the foregoing Cremation Authorization Form and that the statements and averments contained therein were true and correct to the best of his (her) knowledge and belief on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

**My commission Expires \_\_\_\_\_.**