



**PETITION TO AUTHORIZE
CREMATION OF DECEDENT**

Case No. _____
Court _____
County _____
Division _____

IN RE: _____
(Name of Decedent)

Address: _____

Date of Death: _____
Date of Birth*: _____
SSN*: _____

Comes Petitioner, _____, and states as follows:

1. _____ is a licensed crematory authority, located at _____
_____.

2. (Check one) ☐ Decedent was a resident of the above-named county.

☐ The funeral home or crematory is located in the above-named county.

3. The list of authorizing agents, as defined in KRS 367.97501 and prioritized in KRS 367.93117(1), has been exhausted and only the District Court remains. Details of the efforts that have been made and the circumstances necessitating this Petition are as follows: _____

_____.

Petitioner requests this Court exercise its right pursuant to KRS 367.93117(1)(j) and authorize the above-named crematory authority to cremate Decedent.

Petitioner's Signature: _____ **Date:** _____

Name (Printed): _____

Address: _____

Phone No.: _____

Email: _____

***Note to filer:** Personal data (social security number, birth date, financial-account number) must be redacted pursuant to CR 7.03. Instructions on redaction can be found at www.kycourts.gov.