

DATE RECEIVED	_____
FEE PAID	_____
DATE REVIEWED	_____
REVIEWED BY	_____

For Official Use Only

**CREMATORY ANNUAL REPORT**  
For the Period Ending December 31, 2015 (This report is due by 3/31/16)

**BUSINESS NAME AND ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NUMBER OF RETORTS OPERATED:** \_\_\_\_\_

**NUMBER OF CREMATIONS PERFORMED IN EACH RETORT:** \_\_\_\_\_

**TOTAL NUMBER OF CREMATIONS PERFORMED DURING THE CALENDAR YEAR:** \_\_\_\_\_

**DISPOSITION OF CREMATED REMAINS:**

\_\_\_\_\_ *SCATTERED*  
\_\_\_\_\_ *INTERRED* (Either in a niche or in-ground burial)  
\_\_\_\_\_ *RETURNED TO FAMILY OR FUNERAL HOME*  
\_\_\_\_\_ *OTHER PLEASE EXPLAIN* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAMES AND REGISTRATION NUMBERS OF ALL CREMATORY OPERATORS WORKING FOR THE BUSINESS DURING THE YEAR OF THIS REPORT:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**ENCLOSE WITH THIS FORM A CHECK OR MONEY ORDER FOR THE SUM OF TEN DOLLARS (\$10.00) PAYABLE TO THE "KENTUCKY STATE TREASURER" FOR THE FILING FEE.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

The Office of the Attorney General does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities.