

**APPOINTMENT OF AGENT
TO CONTROL DISPOSITION OF REMAINS**

(This document shall constitute the "written instrument" as provided in
Section 4201 of the NYS Public Health Law.)

To Be Completed by the Intended Funeral Recipient

I, _____,
(Print Your Name and Address)

being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by:

(Print Name of Agent)

With respect to that subject only, I hereby appoint such person as my agent with respect to the disposition of my remains.

A. SPECIAL DIRECTIONS:

Set forth below are any special directions limiting the power granted to my agent, as well as any instructions or wishes desired to be followed in the disposition of my remains:

Indicate below if you have entered into a pre-funded, pre-need agreement subject to Section 453 of the NYS General Business Law for funeral merchandise or services in advance of need:

_____ NO, I have not entered into a pre-funded, pre-need agreement subject to Section 453 of the NYS General Business Law.

_____ YES, I have entered into a pre-funded, pre-need agreement subject to Section 453 of the NYS General Business Law.

(Name of Funeral Firm with which you have this Agreement.)

B. AGENT INFORMATION:

Name: _____

Address: _____

Telephone Number(s): _____

C. SUCCESSORS:

If my agent dies, resigns, or is unable or unwilling to act, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my agent to control the disposition of my remains as authorized by this document:

1. First Successor:

Name: _____

Address: _____

Telephone Number(s): _____

2. Second Successor:

Name: _____

Address: _____

Telephone Number(s): _____

D. DURATION:

This appointment becomes effective upon my death.

E. PRIOR APPOINTMENT REVOKED:

I hereby revoke any prior appointment of any person to control the disposition of my remains.

SIGNED this _____ day of _____, _____.

(Signature of Person Making the Appointment)

F. STATEMENT BY WITNESS (witness must be 18 or older):

I declare that the person who executed this document is personally known to me and appears to be of sound mind and acting of his or her free will. He/She signed (or asked another to sign for him or her) this document in my presence.

Witness 1: _____
(Sign Legibly)

Address: _____

Telephone No.: _____

Witness 2: _____
(Sign Legibly)

Address: _____

Telephone No.: _____

G. ACCEPTANCE AND ASSUMPTION BY AGENT:

1. I have no reason to believe that there has been a revocation of this appointment to control disposition of remains.
2. I hereby accept this appointment.

SIGNED this _____ day of _____, _____.

(Signature of Agent)

**AT-NEED WRITTEN STATEMENT OF PERSON
HAVING THE RIGHT TO CONTROL DISPOSITION**

(Provided to Funeral Director)

PERSON OTHER THAN AGENT

I, _____, hereby represent and
Name of Next-of-Kin, Other Person (Printed)

assert that I am entitled to control the disposition of the remains of

_____. I further represent
Name of Decedent (Printed)

that I am the person having priority to control the disposition in accordance with Subdivision 2 of Section 4201 of the NYS Public Health Law. The order of priority set forth in Subdivision 2 of Section 4201 of the NYS Public Health Law is the following:

- *Person designated in written instrument pursuant to Section 4201;
- *Spouse;
- *Domestic Partner;
- *Children 18 or Older;
- *Either of the Parents;
- *Any Sibling 18 or Older;
- *Authorized Guardian;
- *Fiduciary.

I also have no knowledge that the decedent executed a will containing directions for the disposition of his/her remains, or designated an agent by executing a written instrument pursuant to Section 4201 of the Public Health Law.

Date: _____

Signature of Agent

Original – Funeral Director

Copy – Next-of-Kin