

**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 AGENT  
CLAIMING LEGAL CONTROL OF DISPOSITION**

(Provided to Funeral Director by AGENT)

**AGENT**

I, \_\_\_\_\_, hereby represent and  
Name of Agent (Printed)

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

\_\_\_\_\_, who named me  
Name of Decedent (Printed)

as his/her designated agent in a will or written instrument executed pursuant to Section  
4201 of the NYS Public Health Law.

Date: \_\_\_\_\_  
Signature of Agent

Original – Funeral Director

Copy – 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 assert that I am entitled  
Name of Next-of-Kin, Other Person (Printed)

to control the disposition of the remains of \_\_\_\_\_. I further  
Name of Decedent (Printed)

represent 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;
- Spouse;
- Domestic Partner;
- Any Child 18 or Older;
- Either Parent;
- Any Brother or Sister 18 or Older;
- Authorized Guardian;
- Person 18 or Older now Eligible to Receive an Estate Distribution, in the following order:
  - \*Grandchildren;
  - \*Great-Grandchildren;
  - \*Nieces and Nephews;
  - \*Grand-nieces and Grand-nephews;
  - \*Grandparents;
  - \*Aunts and Uncles;
  - \*First Cousins;
  - \*Great-Grandchildren of Grandparents;
  - \*Second Cousins;
- Fiduciary;
- Close friend or other relative who is reasonably familiar with the decedent's wishes, including his or her religious or moral beliefs, when no one higher on the list is available, willing, or competent to act; (NOTE: This person must complete an "At-Need Written Statement of Person Having the Right to Control Disposition" form.)
- Public administrator (or the same official in a county not having a public administrator); or, anyone willing to act on behalf of the decedent who completes the "At-Need Written Statement" form.

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 "Person Other Than Agent"

