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How to Appoint an Agent to Control Disposition of Remains in New York

Appointment of Agent to Control Disposition of Remains — New York Public Health Law § 4201

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR FORM.

About this form. This New York form names the person who will have the **legal right to make decisions about your funeral, burial or cremation**. Without it, New York law gives that right to your spouse or domestic partner, then adult children, then parents, and so on. A named agent ranks first and can carry out your wishes without family disputes.

1. **Name your agent and successors**
   Enter your name and address, your agent, and up to two successors who will act in order if your agent cannot.

2. **Write your wishes**
   Use Special Directions for burial or cremation preferences, religious practices or limits on your agent. Check whether you have a pre-paid funeral agreement and name the funeral home.

3. **Sign before two witnesses**
   Do **not** sign ahead of time. Two adults sign the witness statement. **First Choice can provide witnesses for an additional fee**, and the notary acknowledgment adds proof that you signed it.

4. **Your agent signs the acceptance**
   New York requires the form to be signed and dated by you **and** your agent. Your agent can sign at a later time.

After It's Signed

- Give copies to your agent, successors, family and funeral home. Keep the original where it can be found quickly.
- A later appointment revokes this one. If your spouse or domestic partner is your agent, the appointment ends on divorce, legal separation or end of the partnership unless you state otherwise in writing.
- This form does not make organ donation decisions unless you state limits in Special Directions. Register with the NYS Donate Life Registry to record donation wishes.

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Have questions about this form? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**, 2315 Capitol Avenue, Sacramento, CA 95816. **Attorneys licensed in New York.** Main headquarters in Sacramento, California.

This form is provided as a free convenience. First Choice Mobile Notary & Apostille is not a law firm, and a notary public cannot give legal advice or help you decide what to write on this form. These instructions are general information only and are not legal advice. If you have questions about your situation, consult a licensed New York attorney.

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APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS

New York Public Health Law § 4201(3)

I, _____

_____

(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

_____.

(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.

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 four hundred fifty-three of the general business law for funeral merchandise or service in advance of need:

- ☐ No, I have not entered into a pre-funded pre-need agreement subject to section four hundred fifty-three of the general business law.
- ☐ Yes, I have entered into a pre-funded pre-need agreement subject to section four hundred fifty-three of the general business law.

_____

(Name of funeral firm with which you entered into a pre-funded pre-need funeral agreement to provide merchandise and/or services)

AGENT:

Name: _____

Address: _____

Telephone Number: _____

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SUCCESSORS:

If my agent dies, resigns, or is unable 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: _____

2. Second Successor

Name: _____

Address: _____

Telephone Number: _____

DURATION: This appointment becomes effective upon my death.

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)

Statement by 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 or she signed (or asked another to sign for him or her) this document in my presence.

_____

Witness 1 (signature)

_____

Witness 1 printed name

_____

Address

_____

Witness 2 (signature)

_____

Witness 2 printed name

_____

Address

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ACCEPTANCE AND ASSUMPTION BY AGENT:

1. I have no reason to believe 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)

ACKNOWLEDGMENT OF PERSON MAKING THE APPOINTMENT (Real Property Law § 309-a)

State of New York)
) ss.:
County of _____)

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____

Signature and office of individual taking acknowledgment

Notary Public, State of New York; Qualified in _____ County

Registration No. _____; Commission Expires _____

(Notary stamp)

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