

**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, \_\_\_\_\_  
(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.

**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 four hundred fifty-three of the NYS 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 NYS General Business Law.

[ ] Yes, I have entered into a pre-funded pre-need agreement subject to section four hundred fifty-three of the NYS 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)

**B. AGENT INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**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: \_\_\_\_\_

2. Second Successor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Witness 1: \_\_\_\_\_  
(signature)

Address: \_\_\_\_\_

Witness 2: \_\_\_\_\_  
(signature)

Address: \_\_\_\_\_

**G. 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)