

**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;
- * Person 18 or older 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 relative or other relative who is reasonably familiar with the decedent's wishes, including his or her religious 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 Agent

Original – Funeral Director

Copy – Next-of-Kin