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**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"