

International Funeral Service of New York, Inc.

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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, _____,
(NAME OF NEXT-OF-KIN, OTHER PERSON, PRINT)

Hereby represent and assert that I am entitled to control the disposition of the remains of

(NAME OF DECEDENT)

I further represent that I am the person having priority to control the disposition in accordance with subdivision 2 of Section 4201 of the NYS Health Law. The order of priority set forth in subdivision 2 of Section 4201 of the NYS Health Law is the following:

- PERSON DESIGNATED IN WRITTEN INSTRUMENT;
- SPOUSE;
- DOMESTIC PARTNER;
- ANY CHILD 18 OR OLDER;
- ANY 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 relatives who is reasonably familiar with the decedent’s wishes,**
Including his or her religious or moral beliefs, when no one higher on this 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 decedent executed a will containing directions for the disposition of his or her remains, or designated an agent by executing a written instrument pursuant to Section 4201 of the New York State Public Health Law.

Date: _____

Signature of “Person other than Agent”