

**AT-NEED WRITTEN STATEMENT OF AGENT
CLAIMING LEGAL CONTROL OF DISPOSITION**

(Provided to Funeral Director by AGENT)

AGENT

I, _____, hereby represent and assert that I am entitled to
Name of Agent (Printed)

control the disposition of the remains of _____,
Name of Decedent (Printed)

who named me as his/her designated agent in a will or written instrument executed pursuant to Section 4201 of the NYS Public Health Law.

I also hereby attest that I am not the person who (1) at the time of the decedent's death, was the subject of an order of protection issued to protect the decedent; or (2) has been arrested or charged with any crime allegedly causally related to the death of the decedent.

(NOTE: State law automatically prohibits any such person from having or exercising control of the disposition of the deceased's remains.)

Signature of Agent

Date