

AT-NEED WRITTEN STATEMENT OF PERSON HAVING THE RIGHT TO CONTROL DISPOSITION

(Provided to Funeral Director)

PERSON OTHER THAN AGENT

I/We, _____ hereby represent
Name of Next-of-Kin, Other Person (Printed) *List majority of children, siblings or persons eligible
to receive an estate distribution if more than two persons*

and assert that I/we am/are entitled to control the disposition of the remains of _____.
Name of Decedent (Printed)

I/We further represent that I/we am/are the person(s) 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
- A Child 18 or Older*
- Either Parent
- Any Brother or Sister 18 or Older*
- Authorized Guardian
- A Majority of the Persons 18 or Older now Eligible to Receive an Estate Distribution, in the following descending 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.
- 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/We 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.

** If there are more than two persons in these categories (i.e. 3 or more siblings) entitled to control the disposition of remains of a decedent, the disposition shall be determined by a majority of the persons in the category who are reasonably available.*

I/We also hereby attest that I/we am/are 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 "Person Other Than Agent"

Date

Signature of "Person Other Than Agent"

Date

Signature of "Person Other Than Agent"

Date

Signature of "Person Other Than Agent"

Date

Signature of "Person Other Than Agent"

Date

Original: Funeral Director | Copy: Next-of-Kin

Updated May 2024