**APPOINTMENT OF AGENT TO CONTROL**

**DISPOSITION OF REMAINS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_, being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by the following person:

 [NAME OF AGENT]

With respect to that subject only, I hereby appoint such person as my agent with respect to the disposition of my remains.

SPECIAL DIRECTIONS: Set forth below are any special directions (such as: Cremation; Burial at a Particular Cemetery, etc.), limiting the power granted to my agent as well as any instructions or wishes desired to be followed in the disposition of my remains:

**I wish to be [buried/cremated].**

Indicate below if you have entered into a pre-funded pre-need agreement subject to section four hundred fifty-three of the general business law for funeral merchandise or service in advance of need:

[ ] No, I have not entered into a pre-funded pre-need agreement subject to section four hundred fifty-three of the general business law.

[ ] Yes, I have entered into a pre-funded pre-need agreement subject to section four hundred fifty-three of the general business law with:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of funeral firm with which you entered into a pre-funded pre-need funeral agreement to provide merchandise and/or services)

Agent’s Name:

Agent’s Address:

Agent’s Telephone Number:

**SUCCESSOR:**

If my agent dies, resigns, or is unable to act, I hereby appoint the following person to serve as my agent to control the disposition of my remains as authorized by this document:

Name:

Address:

Telephone Number:

**OPTIONAL: [DELETE NOTE BEFORE PRINTING]**

**If client has more than one successor agent and would like additional agents to be authorized to control the disposition of their remains, attorney has option to include additional successor agents using the same language as above. If adding more than one successor please indicate: First Successor; Second Successor; etc.**

**DURATION:**

This appointment becomes effective upon my death.

**PRIOR APPOINTMENT REVOKED:**

I hereby revoke any prior appointment of any person to control the disposition of my remains.

Signed this \_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[TYPE IN NAME OF CLIENT]**

**Statement by witnesses (must be age 18 or older):** I declare that the person who executed this document is personally known to me and appears to be of sound mind and acting of his/her/their own free will. He/she/they signed (or asked another to sign for him/her/them) this document in my presence.

Witness 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (SIGNATURE)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PRINTED NAME

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (SIGNATURE)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PRINTED NAME

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be signed by the Agent *at the time this form is to be used*:**

***ACCEPTANCE AND ASSUMPTION BY AGENT:***

1. I have no reason to believe there has been a revocation of this appointment to control disposition of remains.

2. I hereby accept this appointment.

Signed this \_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_