

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

(Provided to Funeral Director by AGENT)

AGENT

I, _____, hereby represent and
Name of Agent (Printed)

assert that I am entitled to control the disposition of the remains of

_____, who named me
Name of Decedent (Printed)

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

Date: _____
Signature of Agent

Original – Funeral Director

Copy – Next-of-Kin