

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

I, \_\_\_\_\_

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

\_\_\_\_\_  
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 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 relative 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.***

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

**Signature of "Person other than Agent"**