VOLS

VOLUNTEERS *of* LEGAL SERVICE

Empowering Older Adults: A Presentation by the Senior Law Project of Volunteers of Legal Service (VOLS)

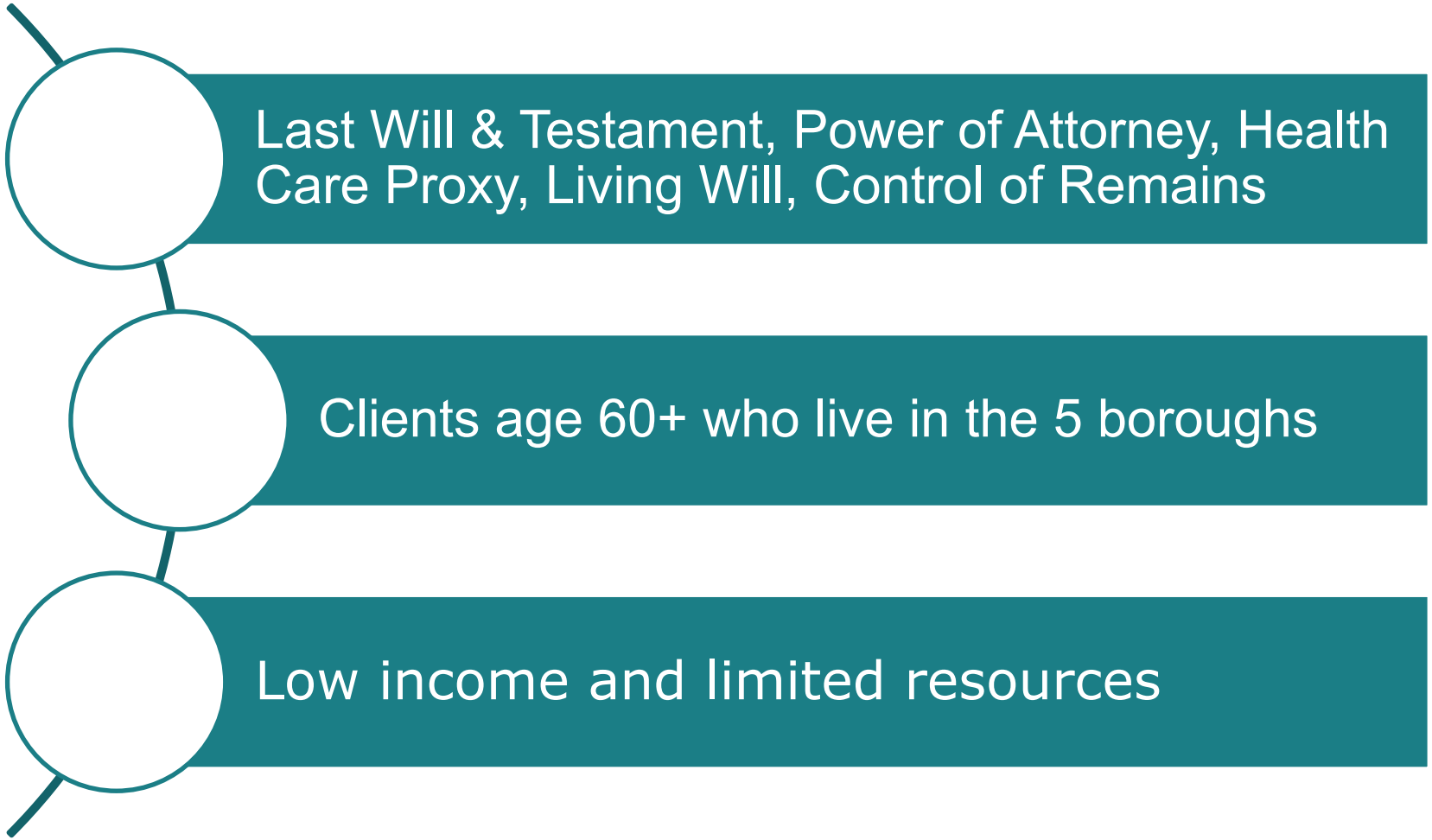
About Volunteers of Legal Service

VOLS was founded in 1984 to close the access to justice gap through partnerships with community organizations, law firms and corporations.

We train and mentor pro bono attorneys from law firms and corporations to provide free legal services to our clients.

VOLS: Our Projects

VOLS Senior Law Project



This information is presented for informational purposes only and is not intended and does not constitute legal advice

Life Planning Documents

These are the various life-planning documents that older adults can use to plan for incapacity or death.

- Planning for Incapacity
  - Durable Power of Attorney
  - Health Care Proxy
  - Living Will
- Planning for Death
  - Last Will & Testament
  - Appointment of Agent to Control Disposition of Remains

Durable Power of Attorney

What happens if you do not execute a Power of Attorney and you become incapacitated?

You could lose:

- Your utilities
- Your public benefits
- Your home
- **Guardianship**

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A **Healthcare Proxy** is a document where you (the "Principal") name another person (your "Agent") to make medical decisions for you if you cannot make them yourself.

What happens if I don't have a health care proxy?

If you become so sick that you are unable to communicate, New York's Family Health Care Decisions Act (FHCDA) will dictate who should make medical decisions for you. The FHCDA contains a hierarchical list of people in your life who may make those decisions. You will have no choice in who this person would be. If no one listed in the FHCDA is able to make these decisions, your health care providers are under a duty to keep you alive by any means necessary.

Living Will

In your **Living Will**, you explain what treatment and care you do want or do *not* want at the end of your life. The Living Will does *not* name a person to make decisions.

What happens if I don't have a Living Will?

Absent clear, written instructions stating otherwise, and in the absence of an agent under any health care proxy who may make end of life treatment decisions for you, the FHCDA will again dictate who may make these decisions. If no one listed in the FHCDA is able to make these decisions, your health care providers are under a duty to keep you alive by any means necessary.

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Last Will & Testament

What happens if I don't have a Last Will & Testament?

- If you pass away without a will in New York we say that you have died **intestate,** and the **intestacy** law will determine what happens to your estate (all the money and property owned by a person at death).
- The law will define who will inherit your estate after you pass away, instead of the beneficiaries who you may have chosen.
- You will not be able to appoint an Executor of your choosing to be responsible for distributing your money and property in accordance with your wishes.

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Appointment of Agent to Control Disposition of Remains

What happens if I don't have a Control of Remains Form?

- New York's Public Health law contains a hierarchical list of who may handle your remains.
- You will not have control over who retrieves your remains, nor will you have control over what that person does with your remains.

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The Health Care Proxy

What is a Health Care Proxy?

The New York Health Care Proxy Law allows you to appoint someone you trust — for example, a family member or close friend – to make health care decisions for you if you lose the ability to make decisions yourself.

New York Public Health Law Section 2981

Witnesses are Required for the signing of this document!

Health Care Proxy – Quick Facts

- Hospitals, doctors and other health care providers must follow your agent's decisions as if they were your own.
- You may give the person you select as your health care agent as little or as much authority as you want.
- You may allow your agent to make all health care decisions or only certain ones.
- You do not need a lawyer to fill out a health care proxy form.

Health Care Proxy – Online Form

- New York State has a Health Care Proxy form available online for you to fill out, with instructions included.

The form can be found at the following website link:

https://www.health.ny.gov/publications/1430.pdf

More information about the Health Care Proxy can be found here:

https://www.health.ny.gov/professionals/patients/health_care_proxy/

Health Care Proxy Form Sample

HEALTH CARE PROXY

(1) I, _____

hereby appoint _____

(name, home address and telephone number)

_____

_____

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

(2) Optional: Alternate Agent

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint _____

(name, home address and telephone number)

_____

_____

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this

Items 1 & 2: Name(s) of Agent(s)

- In **Item 1**, fill out the name, home address, and telephone number of the person whom you select as your agent.

- In **Item 2**, you may select an alternate agent (this is optional). If you would like to appoint an alternate agent, fill in their name, home address, and telephone number.

Item 3: Expiration

- Your Health Care Proxy will remain valid indefinitely unless you set an expiration date or condition for its expiration.
- **Item 3** is **optional** and should be filled in only if you want your Health Care Proxy to expire.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. (*Optional: If you want this proxy to expire, state the date or conditions here.)* This proxy shall expire *(specify date or conditions):*

Item 4: Optional Instructions

- If you have special instructions for your agent, write them in **Item 4**. Also, if you wish to limit your agent's authority in any way, you may say so here or discuss them with your health care agent.

- If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

Item 4: Optional Instructions (2)

- If you would like to give your agent broad authority, write in Item 4 **"I have discussed my wishes with my health care agent and alternate and they know my wishes, including those about artificial nutrition and hydration."**

Item 4: Optional Instructions (3)

(4) Optional: I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. *(If you want to limit your agent's authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.)* I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions *(attach additional pages as necessary):*

I have discussed my wishes with my health care agent and alternate and they know my wishes, including those about artificial nutrition and hydration.

In order for your agent to make health care decisions for you about artificial nutrition and hydration *(nourishment and water provided by feeding tube and intravenous line)*, your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.

Item 5: Your Identification

- In **Item 5**, you must date and sign this Health Care Proxy form. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

(5) Your Identification *(please print)*

Your Name _____

Your Signature _____ Date _____

Your Address _____

Item 6: Organ and Tissue Donation

- In **Item 6,** you may state wishes or instructions about organ, eye and/or tissue donation.

- Under New York law, your agent is able to consent to organ or tissue donation on your behalf unless you indicate otherwise in this section.

Item 6: Organ Donation (cont.)

(6) Optional: Organ, Eye and/or Tissue Donation

I hereby make an anatomical gift, to be effective upon my death, of:
(check any that apply)

☐ Any needed organs, eyes and/or tissues

☐ The following organs, eyes and/or tissues _____

_____

☐ Limitations _____

If you do not state your wishes or instructions about organ, eye and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

Your Signature _____ Date _____

Item 7: Statement by Witnesses

- Two witnesses 18 years of age or older must sign this Health Care Proxy form in **Item 7.**
- The person who is appointed your agent or alternate agent **cannot** sign as a witness.

(7) Statement by Witnesses *(Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.)*

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Health Care Proxy - Recap

- Effective when principal becomes incapacitated and can't make their own health care decisions.
  - Requires two witnesses to watch principal sign in real-time (no acknowledging later).
- Agent and backup agent (if any) cannot be witnesses.
- Statute allows someone else to sign on principal's behalf at the principal's direction and in the principal's presence if principal is unable to do so.

Health Care Proxy – Recap (cont.)

- Agent and alternate agent's phone numbers are required so that agent can be contacted immediately and directly.
- Only one agent at a time. There can be more than one alternate agent, but it must be listed as first alternate, second alternate and so on.
- Client should give copies to: agent/alternate agent, primary health care professionals.

Control of Remains

Appointment of Agent to Control Disposition of Remains

- In New York, you can select someone to handle the disposition of your remains when you pass away.
- You can also tell this person whether you would like your body to be buried, cremated, or donated.
- This person must follow your instructions as best as they can.

Appointment of Agent to Control Disposition of Remains

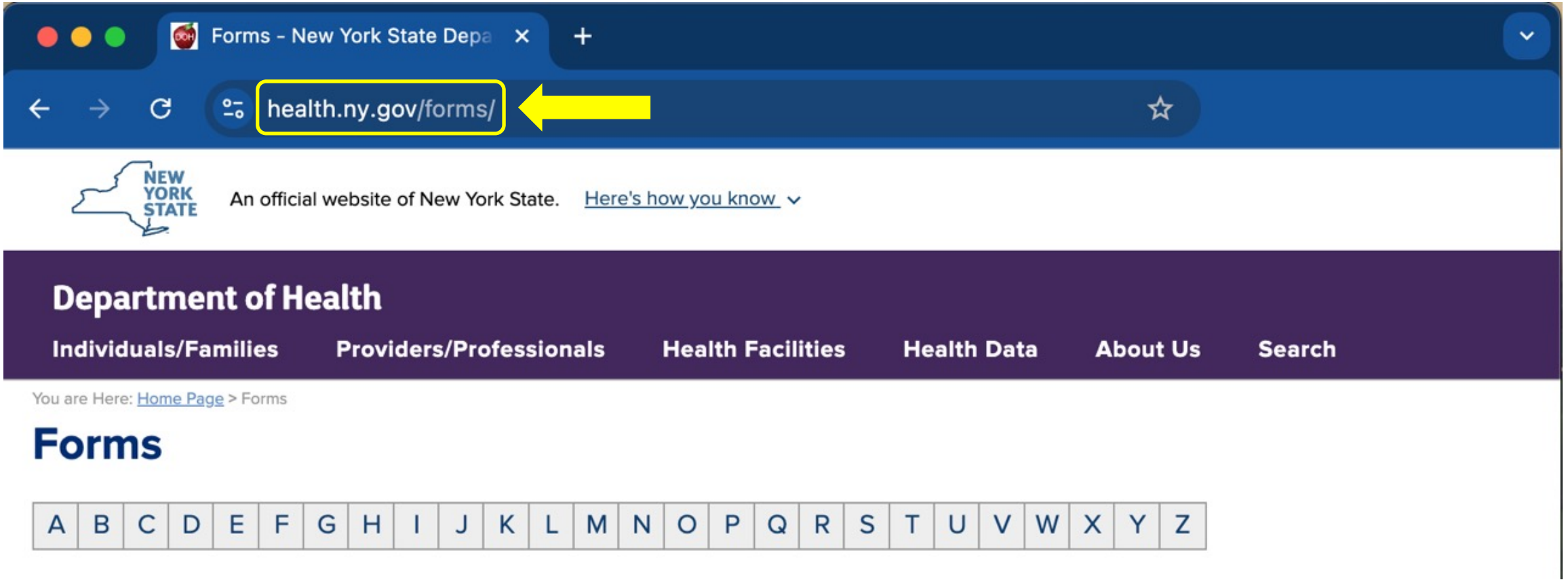
- To select someone to handle the disposition of your remains, you can complete a Control of Remains Form.

- Completing this form is important. Without it, you will have no control over who retrieves your remains and what that person does with your remains.

- Anyone can complete a Control of Remains form. You do not need a lawyer.

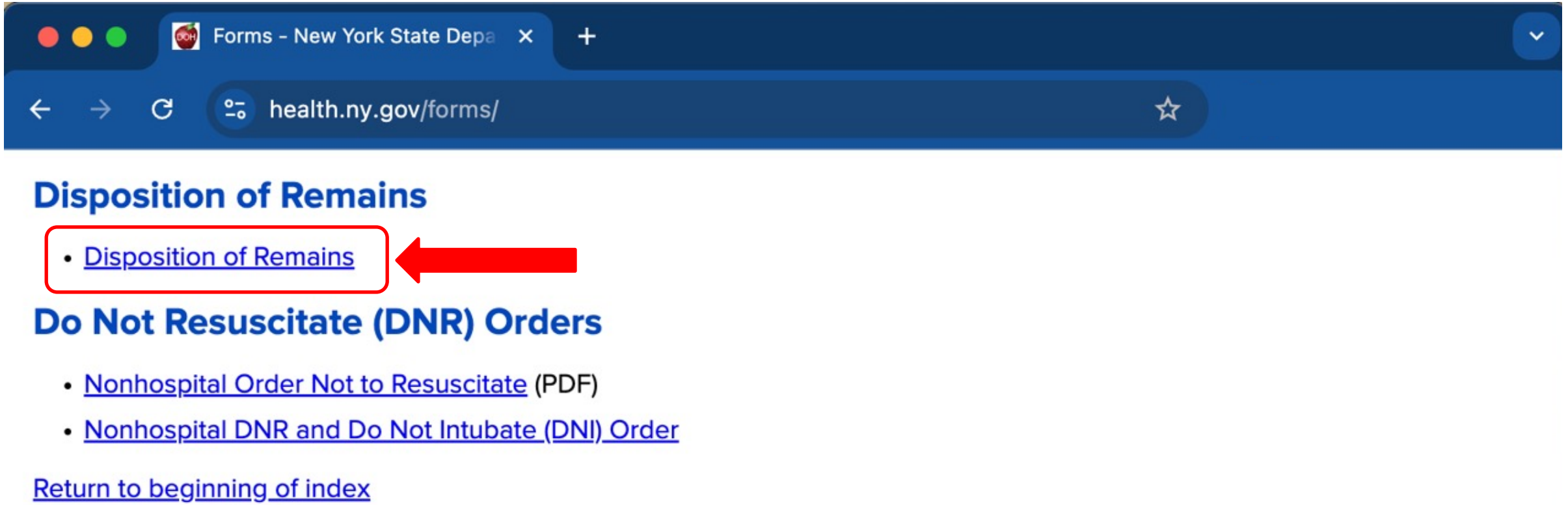
Appointment of Agent to Control Disposition of Remains

- To find this form, go to www.health.ny.gov/forms.



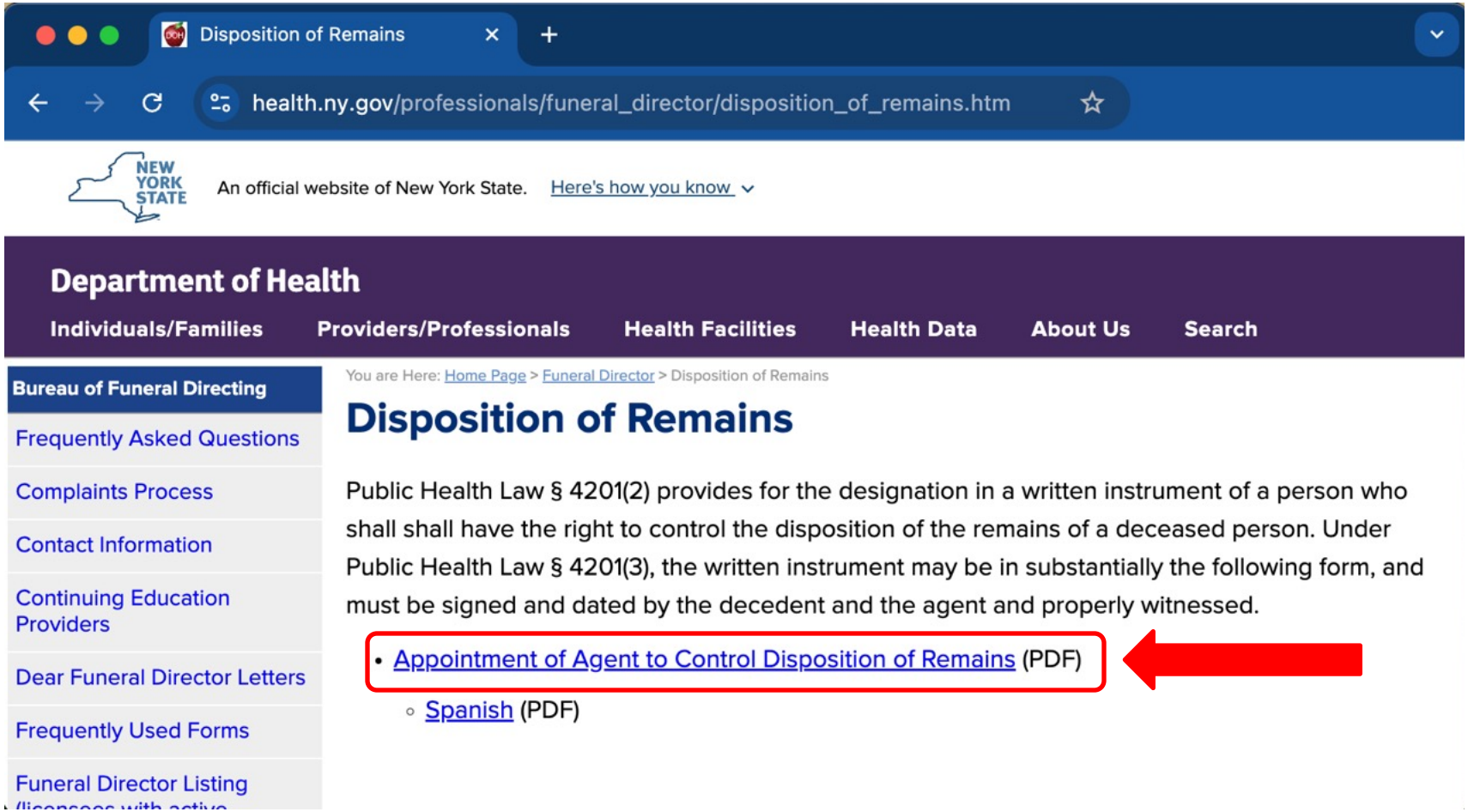
Appointment of Agent to Control Disposition of Remains

- Scroll down to "Disposition of Remains" and click the link.



Appointment of Agent to Control Disposition of Remains

- Click "Appointment of Agent to Control Disposition of Remains (PDF)"



The form has 2 pages.

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Funeral Directing

Appointment of Agent to Control Disposition of Remains

I,_____
(Your name and address)

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

_____.
(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 limiting the power granted to my agent as well as any instructions or wishes desired to be followed in the disposition of my remains:

_____

_____

_____

_____

_____

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.

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

AGENT:

_____
(Name)

_____
(Address)

_____
(Telephone Number)

SEE OTHER SIDE ▶

SUCCESSORS:
If my agent dies, resigns, or is unable to act, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my agent to control the disposition of my remains as authorized by this document:

1. First Successor:_____
(Name)

_____
(Address)

_____
(Telephone Number)

2. Second Successor:_____
(Name)

_____
(Address)

_____
(Telephone Number)

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_____,_____.

_____
(Signature of person making the appointment)

Statement by witness (must be 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 or her free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1: _____
(Signature)

_____
(Address)

Witness 2: _____
(Signature)

_____
(Address)

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.

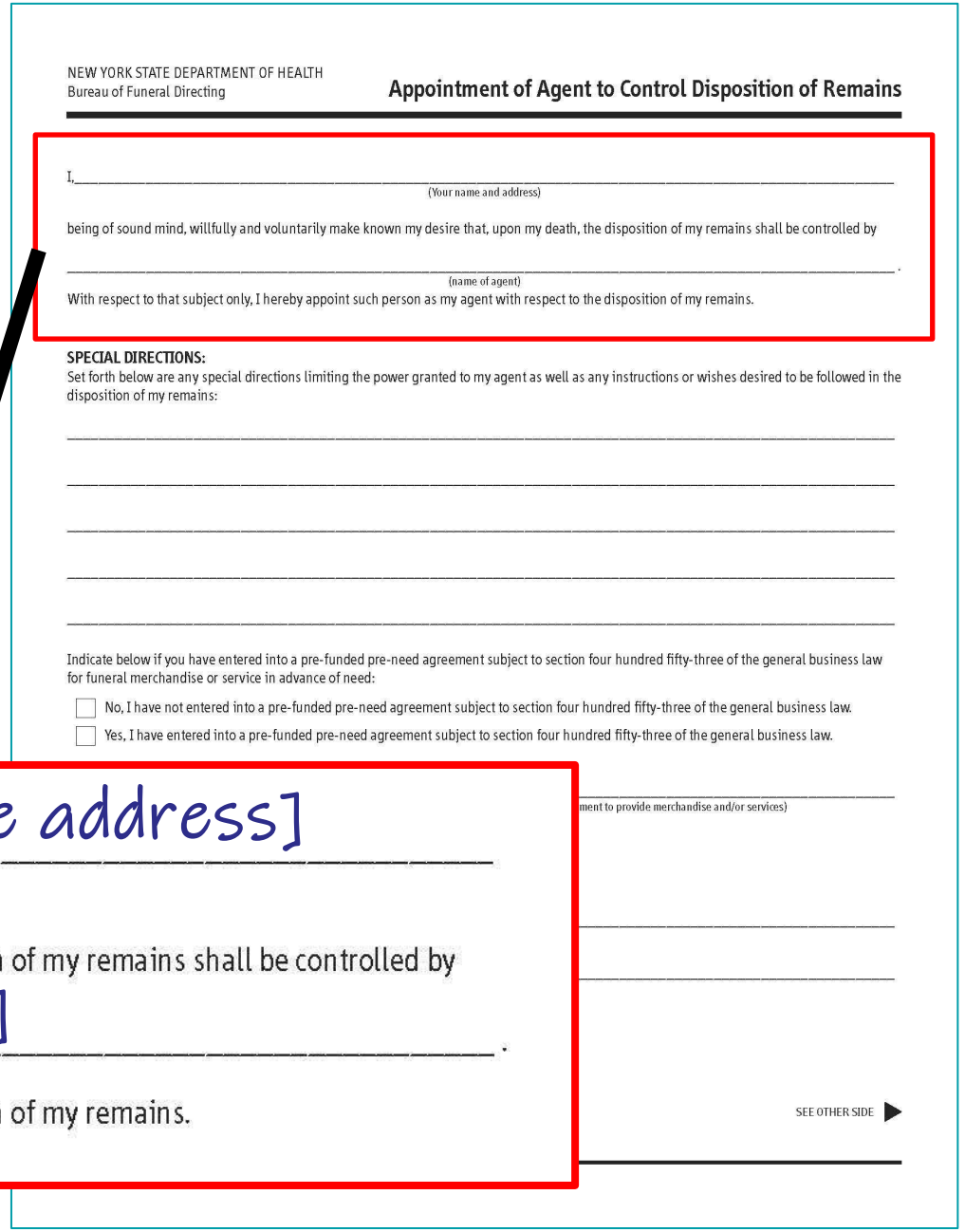
Signed this_____day of_____,_____.

_____
(Signature of Agent)

Start at the top of page 1.

Put your full name and complete address on the first line.

Put your agent's full name on the second line.



NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Funeral Directing

Appointment of Agent to Control Disposition of Remains

I,_____
(Your name and address)

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

_____.
(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 limiting the power granted to my agent as well as any instructions or wishes desired to be followed in the disposition of my remains:

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:

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

ment to provide merchandise and/or services)

SEE OTHER SIDE ▶

I, [Your full name], [your complete address]
(Your name and address)

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

[Your agent's full name]
(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.

The next section is called "SPECIAL DIRECTIONS."

Here, you should write any limitations you want to put on your agent's power to dispose of your remains. Be specific.

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Funeral Directing

Appointment of Agent to Control Disposition of Remains

I,_____
(Your name and address)

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

_____.
(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:
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_____

_____

_____

_____

_____

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

hundred fifty-three of the general business law.

greement to provide merchandise and/or services)

SEE OTHER SIDE ▶

SPECIAL DIRECTIONS:
Set forth below are any special directions limiting the power granted to my agent as well as any instructions or wishes desired to be followed in the disposition of my remains:

_____

[write special instructions here]

_____

_____

_____

The next question asks if you have already paid for funeral services.

If you have not, check the first box that starts with "No."

If you have, check the second box that starts with "Yes" and write the name of the funeral firm on the line.

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Funeral Directing

Appointment of Agent to Control Disposition of Remains

I,_____
(Your name and address)

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

_____.
(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.

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_____

_____

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

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

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:

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

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

SEE OTHER SIDE ▶

AGENT:

[agent's full name]

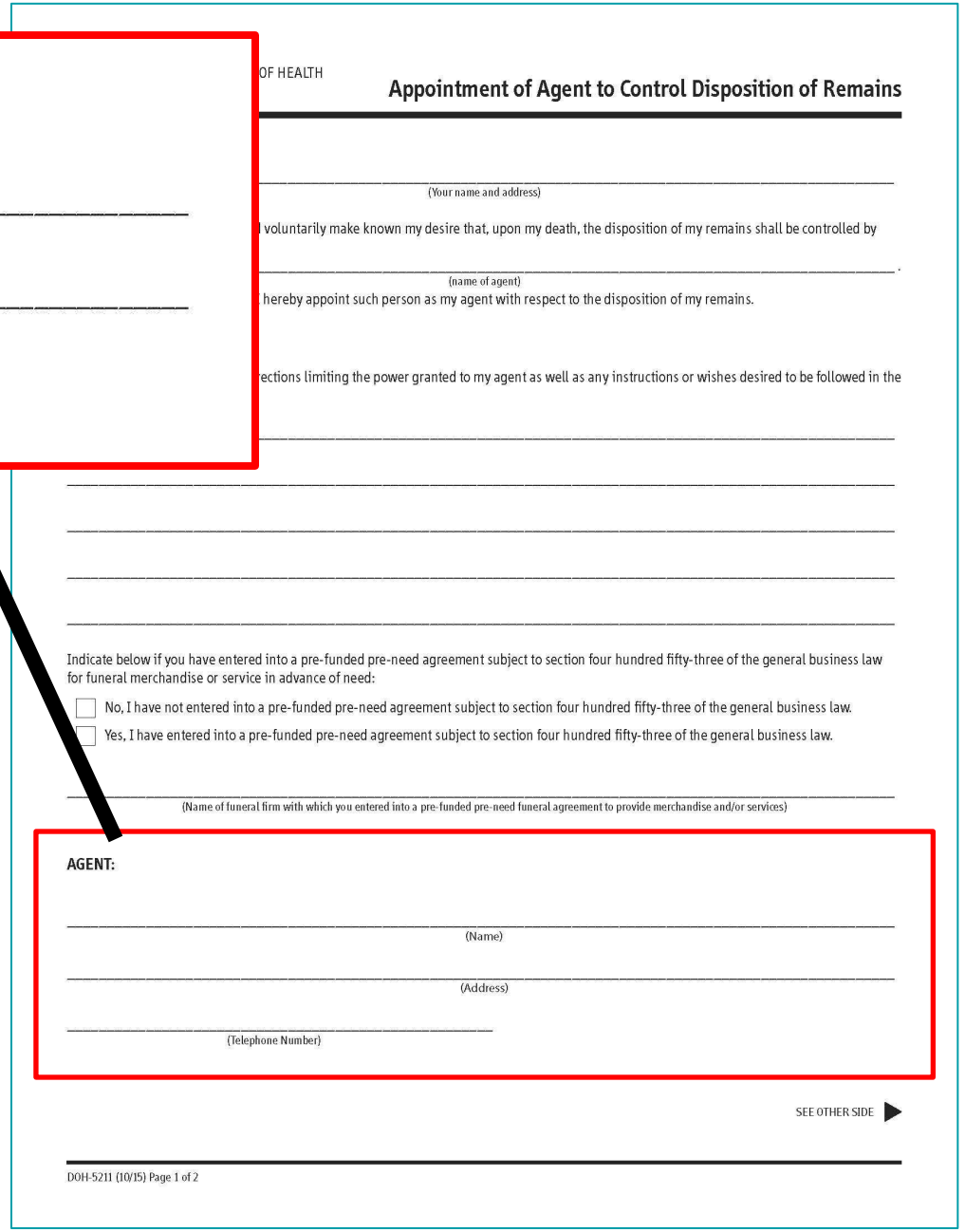
(Name)

[agent's complete address]

(Address)

[agent's phone number]

(Telephone Number)



OF HEALTH

Appointment of Agent to Control Disposition of Remains

(Your name and address)

I voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by

(name of agent)

I hereby appoint such person as my agent with respect to the disposition of my remains.

rections limiting the power granted to my agent as well as any instructions or wishes desired to be followed in the

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☐ 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.

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

AGENT:

(Name)

(Address)

(Telephone Number)

SEE OTHER SIDE ▶

DOH-5211 (10/15) Page 1 of 2

The next section is called "AGENT." Here, you provide information about your chosen agent.

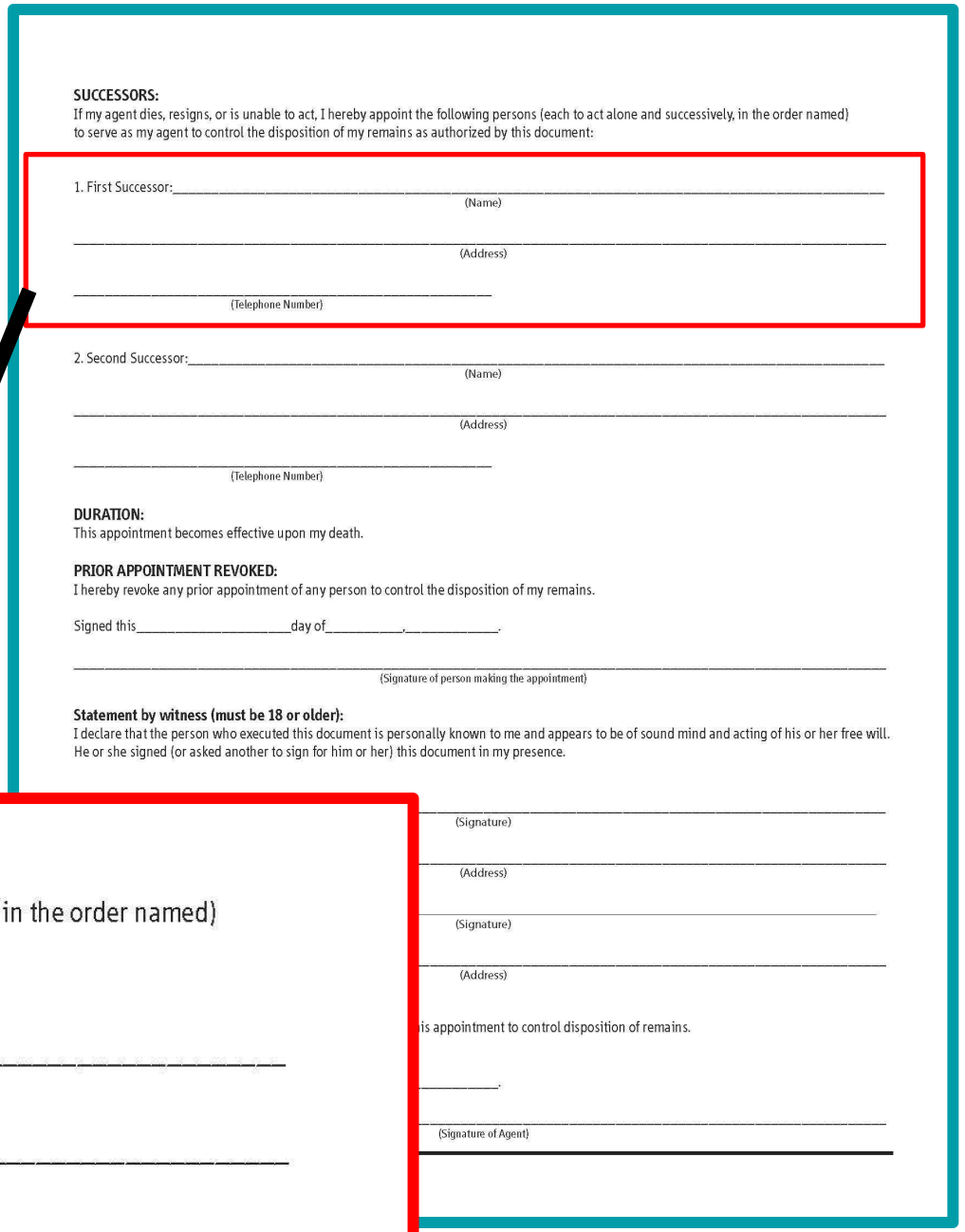
On line 1, write their full name.

On line 2, write their complete address.

On line 3, write their phone number.

Now move to page 2.

The top section is called "SUCCESSORS." This is where you can choose a backup agent if your chosen agent cannot act.



SUCCESSORS:
If my agent dies, resigns, or is unable to act, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my agent to control the disposition of my remains as authorized by this document:

1. First Successor:_____
(Name)

_____
(Address)

_____
(Telephone Number)

2. Second Successor:_____
(Name)

_____
(Address)

_____
(Telephone Number)

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_____,_____.

_____
(Signature of person making the appointment)

Statement by witness (must be 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 or her free will. He or she signed (or asked another to sign for him or her) this document in my presence.

_____
(Signature)

_____
(Address)

_____
(Signature)

_____
(Address)

is appointment to control disposition of remains.

_____.

_____
(Signature of Agent)

SUCCESSORS:
If my agent dies, resigns, or is unable to act, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my agent to control the disposition of my remains as authorized by this document:

1. First Successor:_____
(Name)

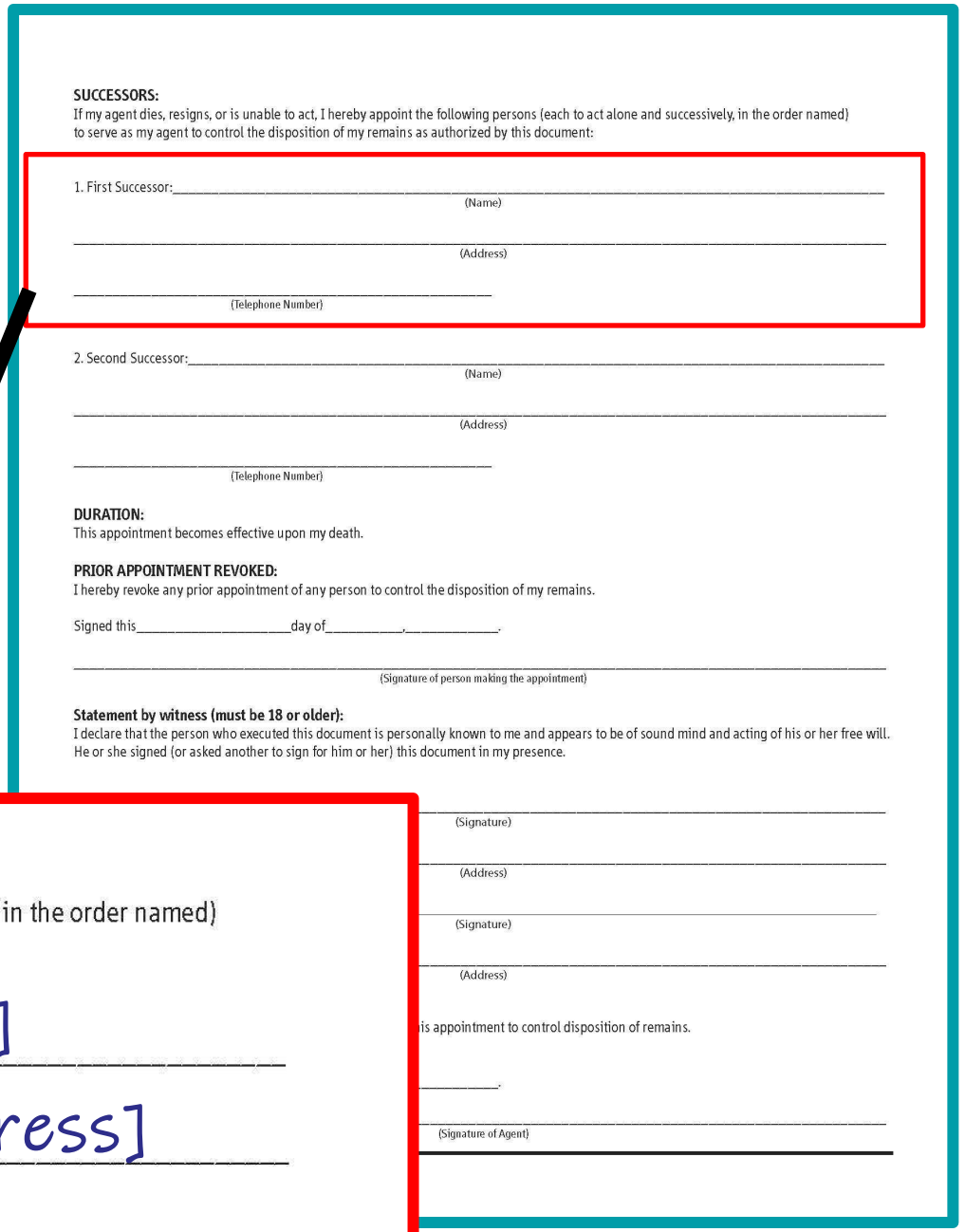
_____
(Address)

_____
(Telephone Number)

On line 1, write the full name of the successor agent.

On line 2, write their complete address.

On line 3, write their phone number.



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1. First Successor:_____
(Name)

_____
(Address)

_____
(Telephone Number)

2. Second Successor:_____
(Name)

_____
(Address)

_____
(Telephone Number)

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_____,_____.

_____
(Signature of person making the appointment)

Statement by witness (must be 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 or her free will. He or she signed (or asked another to sign for him or her) this document in my presence.

_____
(Signature)

_____
(Address)

_____
(Signature)

_____
(Address)

is appointment to control disposition of remains.

_____.

_____
(Signature of Agent)

SUCCESSORS:
If my agent dies, resigns, or is unable to act, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my agent to control the disposition of my remains as authorized by this document:

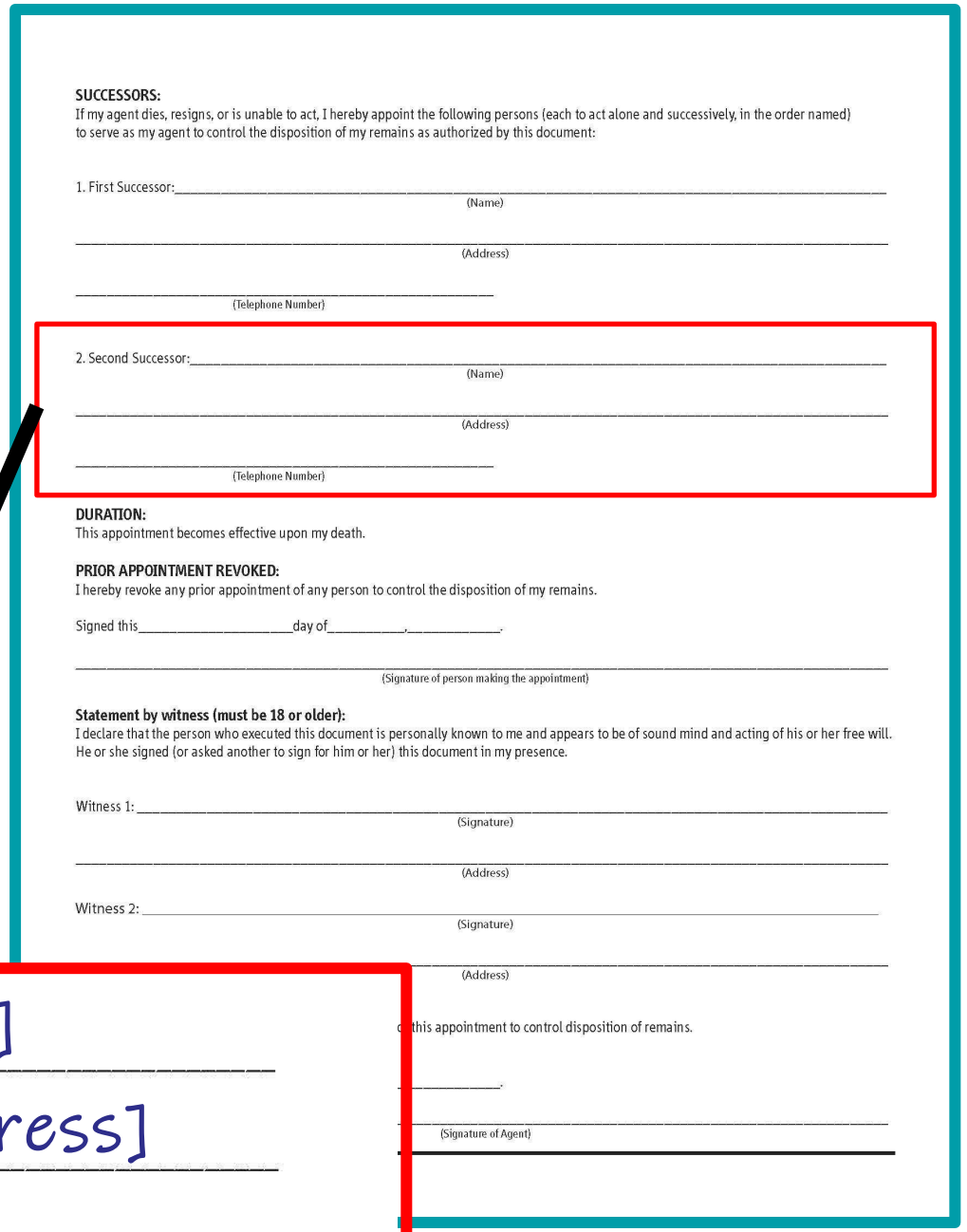
1. First Successor:_____[successor agent's full name]
(Name)

_____[successor agent's complete address]
(Address)

[successor agent's phone number]
_____
(Telephone Number)

You can also name a second successor agent, who would only act if your chosen agent and first successor agent cannot act.

Only complete this section if you want to appoint a second successor agent.



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1. First Successor:_____
(Name)

_____
(Address)

_____
(Telephone Number)

2. Second Successor:_____
(Name)

_____
(Address)

_____
(Telephone Number)

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_____,_____.

_____
(Signature of person making the appointment)

Statement by witness (must be 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 or her free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1:_____
(Signature)

_____
(Address)

Witness 2:_____
(Signature)

_____
(Address)

this appointment to control disposition of remains.

_____.

_____
(Signature of Agent)

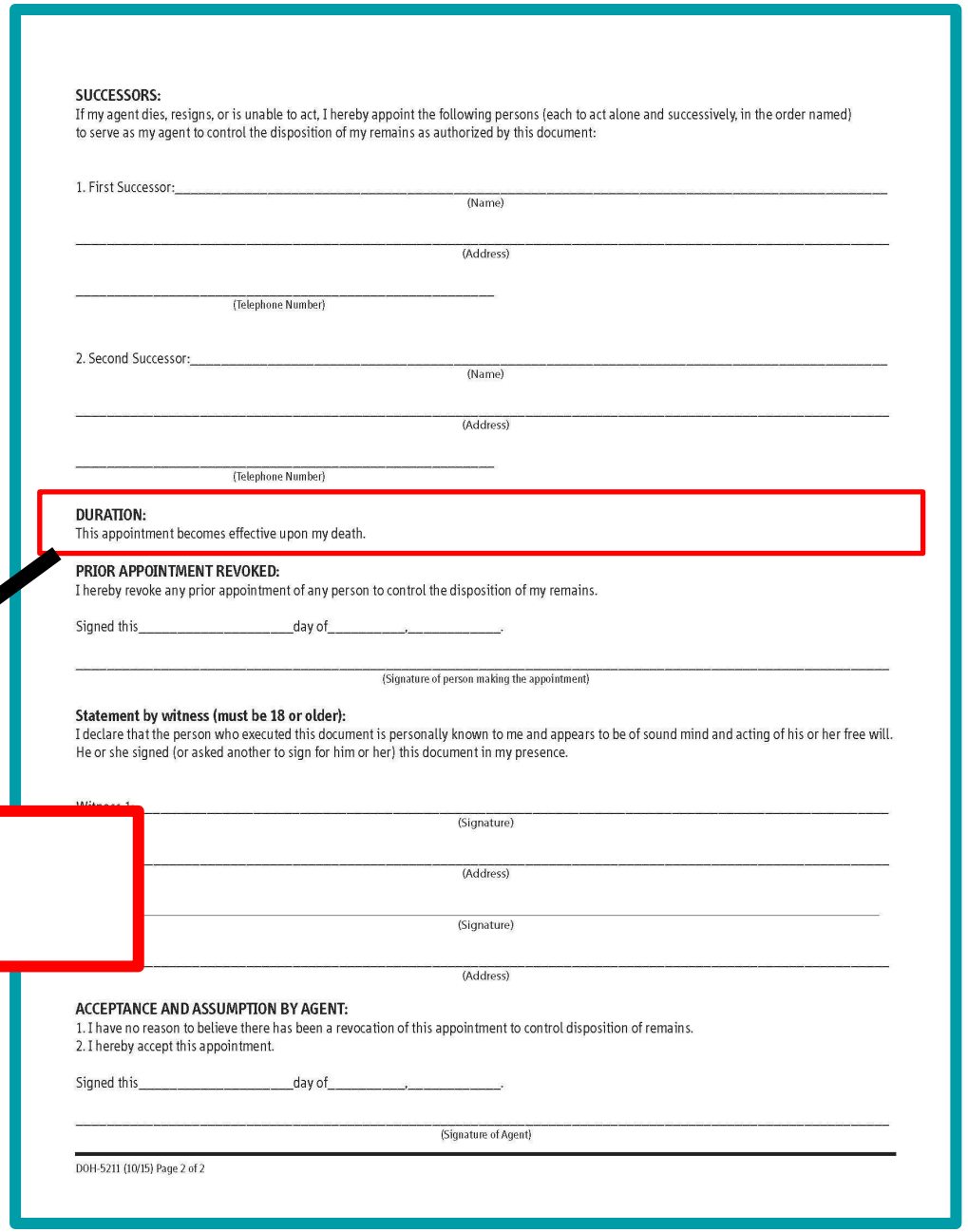
2. Second Successor:[successor agent's full name]
(Name)

[successor agent's complete address]
(Address)

[successor agent's phone number]
(Telephone Number)

The section called "DURATION" just states that your chosen agent may only act as your agent when you die.

DURATION:
This appointment becomes effective upon my death.



SUCCESSORS:
If my agent dies, resigns, or is unable to act, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my agent to control the disposition of my remains as authorized by this document:

1. First Successor:_____
(Name)

_____
(Address)

_____
(Telephone Number)

2. Second Successor:_____
(Name)

_____
(Address)

_____
(Telephone Number)

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_____,_____.

_____
(Signature of person making the appointment)

Statement by witness (must be 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 or her free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1 _____
(Signature)

_____
(Address)

_____
(Signature)

_____
(Address)

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_____,_____.

_____
(Signature of Agent)

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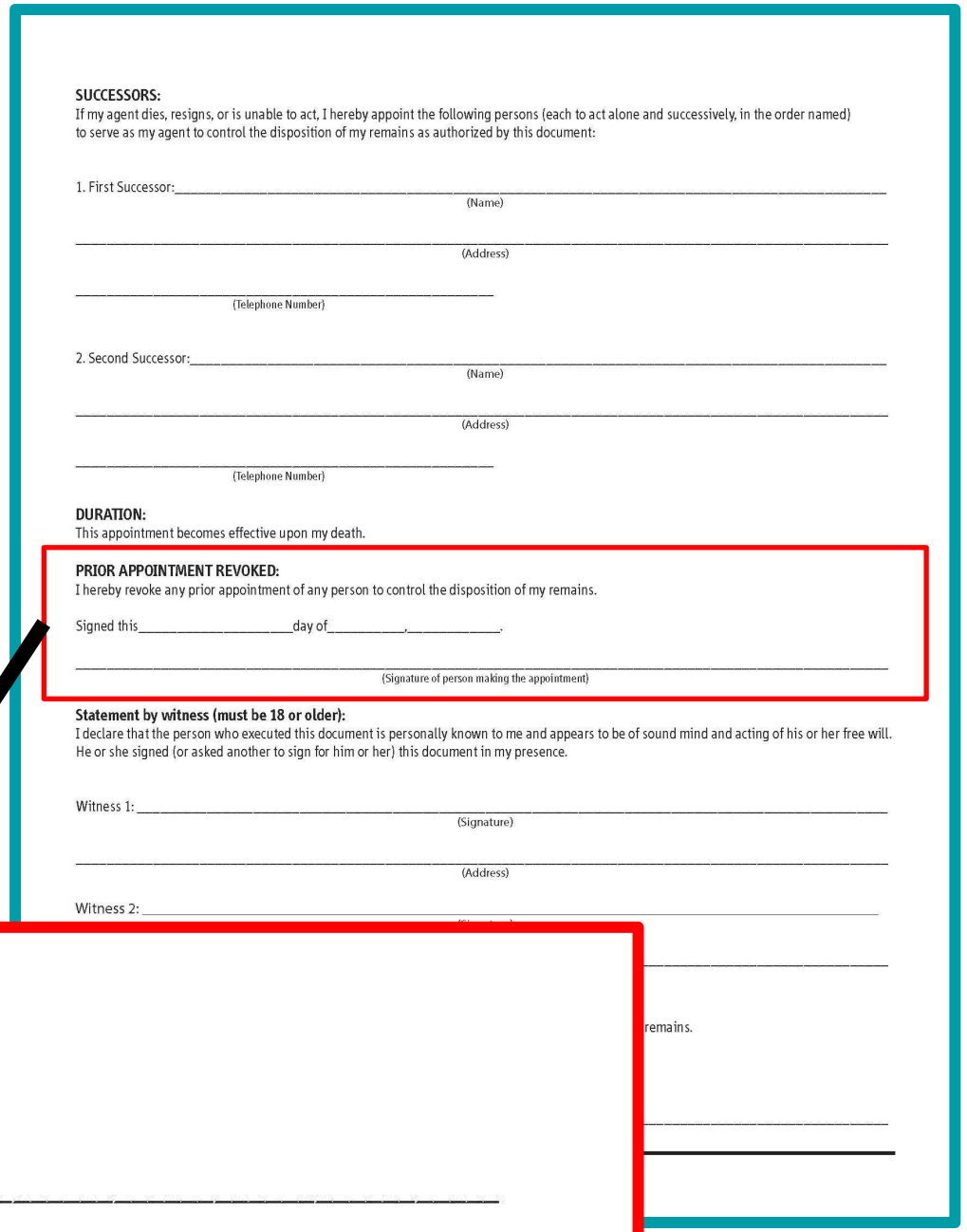
The section called "PRIOR APPOINTMENT REVOKED" must be completed in front of two witnesses who are at least 18 years old.

Write the date on line 1.

Sign on line 2.



SUCCESSORS:
If my agent dies, resigns, or is unable to act, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my agent to control the disposition of my remains as authorized by this document:

1. First Successor:_____
(Name)

_____
(Address)

_____
(Telephone Number)

2. Second Successor:_____
(Name)

_____
(Address)

_____
(Telephone Number)

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_____,_____.

_____
(Signature of person making the appointment)

Statement by witness (must be 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 or her free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1:_____
(Signature)

_____
(Address)

Witness 2:_____

remains.

PRIOR APPOINTMENT REVOKED:
I hereby revoke any prior appointment of any person to control the disposition of my remains.

Signed this [day] day of [month], [year].

[your signature]
(Signature of person making the appointment)

Statement by witness (must be 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 or her free will.
He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1: _____
(Signature)

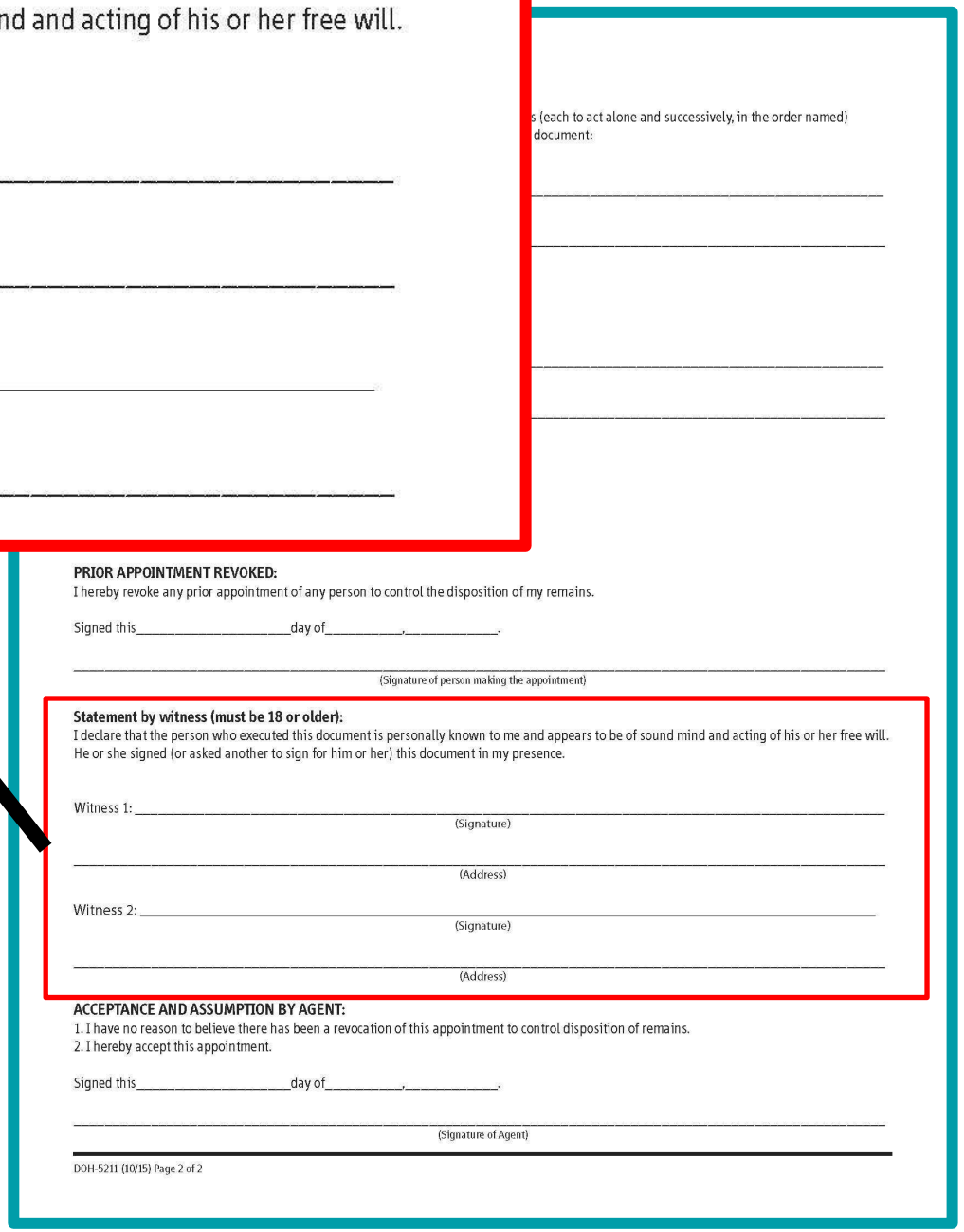
_____
(Address)

Witness 2: _____
(Signature)

_____
(Address)

The section called "Statement by witness" must be completed by your witnesses.

By signing, your witnesses are saying that you know and understand what you are filling out, and you filled it out freely, without coercion.



s (each to act alone and successively, in the order named)
document:

_____

_____

_____

_____

PRIOR APPOINTMENT REVOKED:
I hereby revoke any prior appointment of any person to control the disposition of my remains.

Signed this_____day of_____,_____.

_____
(Signature of person making the appointment)

Statement by witness (must be 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 or her free will.
He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1: _____
(Signature)

_____
(Address)

Witness 2: _____
(Signature)

_____
(Address)

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_____,_____.

_____
(Signature of Agent)

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Statement by witness (must be 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 or her free will. He or she signed (or asked another to sign for him or her) this document in my presence.

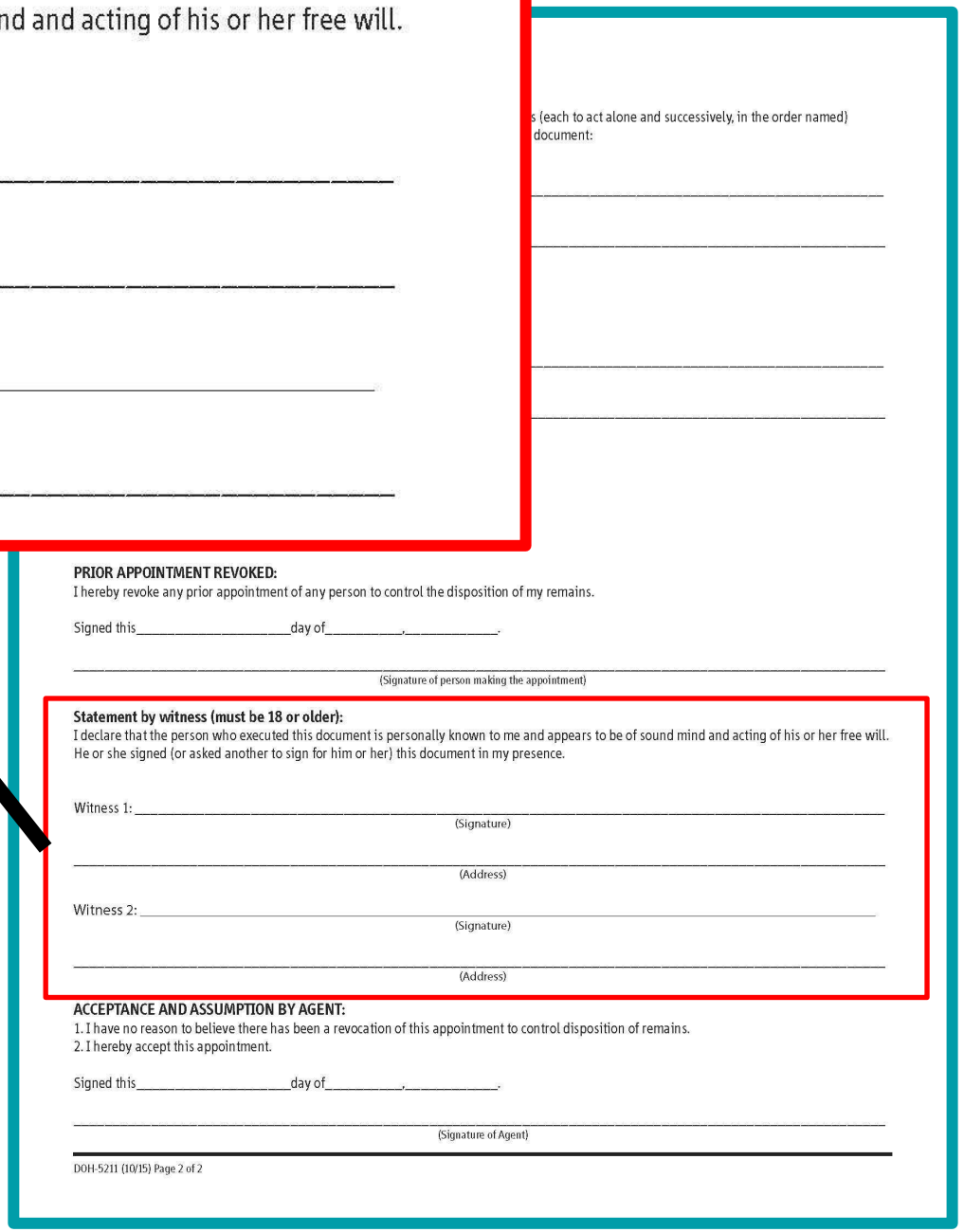
Witness 1: [witness 1's signature]
(Signature)

[witness 1's address]
(Address)

Witness 2: [witness 2's signature]
(Signature)

[witness 2's address]
(Address)

Each of your witnesses should sign on the top line and write their address on the line below.



s (each to act alone and successively, in the order named)
document:

PRIOR APPOINTMENT REVOKED:
I hereby revoke any prior appointment of any person to control the disposition of my remains.

Signed this_____day of_____,_____.

(Signature of person making the appointment)

Statement by witness (must be 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 or her free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1: _____
(Signature)

(Address)

Witness 2: _____
(Signature)

(Address)

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_____,_____.

(Signature of Agent)

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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_____,_____.

_____

(Signature of Agent)

Do not fill in the bottom section. This should only be completed by your agent when you pass.

persons (each to act alone and successively, in the order named)
by this document:

_____

_____

2. Second Successor:_____
(Name)

_____
(Address)

_____
(Telephone Number)

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_____,_____.

_____
(Signature of person making the appointment)

Statement by witness (must be 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 or her free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1: _____
(Signature)

_____
(Address)

Witness 2: _____
(Signature)

_____
(Address)

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_____,_____.

_____
(Signature of Agent)

Now that you have completed the form, you should make a copy and give it to your agent and successor agent.

Make sure to keep the original form in a safe place.

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Funeral Directing

Appointment of Agent to Control Disposition of Remains

I,_____
(Your name and address)

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

_____.
(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 limiting the power granted to my agent as well as any instructions or wishes desired to be followed in the disposition of my remains:

_____

_____

_____

_____

_____

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.

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

AGENT:

_____
(Name)

_____
(Address)

_____
(Telephone Number)

SEE OTHER SIDE ▶

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ely, in the order named)

his or her free will.