

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 respects 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 by my agent as well as any instructions or wishes desired to be followed in the disposition of my remains:

[] No, I have not entered into a pre-funded pre need agreement subject to section four hundred fifty-three of the general business law, for merchandise and/or services in advance of need.

[] 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 the funeral firm you entered into a pre-need and/or pre-fund funeral agreement to provide merchandise and/or services)

AGENT:

Name: _____

Address: _____

Phone Number: _____

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 disposition of my remains as authorized by this document.

First Successor:

Name: _____

Address: _____

Phone Number: _____

Second Successor:

Name: _____

Address: _____

Phone Number: _____

DURATION

This appointment comes 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____

Signature of person making the appointment

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 must be at least 18 years old).

Witness One: _____ ***(signature)***

Address: _____

Witness Two: _____ ***(signature)***

Address: _____

ACCEPTANCE AND ASSUMPTION BY AGENT

I have no reason to believe there has been a revocation of this appointment to control disposition of remains, and I hereby accept this appointment.

Signed this _____ day of _____, 20____

Signature of Agent