

**Control of Remains:** In 2006, New York State guaranteed domestic partners, both same-sex and opposite-sex, the ability to make decisions about the disposition of partner remains and about funeral arrangements. This law places a domestic partner, just like a spouse, ahead of a surviving child or parent in deciding who gets control over decisions about burial.

Partner control of disposition of remains is not automatic. The law creates a simple proxy form for use by New Yorkers, recognizing that a written document expressing the wishes of the deceased always takes highest precedence in determining disposition of bodily remains and funeral arrangements. When no proxy exists, a priority list is followed to determine authority. In defining a domestic partner, the law provides for three different methods:

1. For same-sex couples who are able to register their partnership with a Government entity, the bill recognizes registration as sufficient proof for control of remains authority.
2. Being formally recognized as a beneficiary or covered under a partner's employment benefits or health insurance also provides this authority; or,
3. If dependent or mutually interdependent on the other person for support, as evidenced by the totality of the circumstance indicating a mutual intent to be domestic partners including but not limited to: common ownership or joint leasing of real or personal property; common householding, shared income or shared expenses; children in common; signs of intent to marry or become domestic partners under subparagraph (i) or (ii) of this paragraph; or the length of the relationship of the persons. (Source: NYS Senate)

**APPOINTMENT OF AGENT TO CONTROL DISPOSITION OF REMAINS**

(Pursuant to NY CLS Pub Health § 4201 (2007))

I, NAME: (print) \_\_\_\_\_ (signature) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

BEING OF SOUND MIND, WILLFULLY AND VOLUNTARILY MAKE KNOWN MY DESIRE THAT, UPON MY DEATH, THE DISPOSITION OF MY REMAINS SHALL BE CONTROLLED BY MY AGENT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

WITH RESPECT TO THAT SUBJECT ONLY, I HEREBY APPOINT SUCH PERSON AS MY AGENT WITH RESPECT TO THE DISPOSITION OF MY REMAINS, INCLUDING CREMATION.

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, TO THE EXTENT THAT MY ESTATE AND AGENT ARE FINANCIALLY AND REASONABLY ABLE TO DO SO:

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

INDICATE BELOW IF YOU HAVE ENTERED INTO A PRE-NEED ARRANGEMENT FOR FUNERAL MERCHANDISE OR SERVICE IN ADVANCE OF NEED:

\_\_\_\_\_ NO, I HAVE NOT ENTERED INTO A PRE-NEED ARRANGEMENT.

\_\_\_\_\_ YES, I HAVE ENTERED INTO A PRE-NEED ARRANGEMENT.

NAME OF ESTABLISHMENT WITH WHICH YOU ARRANGED MERCHANDISE AND SERVICES: \_\_\_\_\_

MY AGENT IS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ALTERNATE/SUCCESSOR AGENTS:

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.

RELIANCE:

I HEREBY AGREE THAT ANY CEMETERY ORGANIZATION, BUSINESS OPERATING A CREMATORY OR COLUMBARIUM, FUNERAL DIRECTOR, EMBALMER, OR FUNERAL ESTABLISHMENT WHICH RECEIVES A COPY OF THIS DOCUMENT MAY ACT UNDER IT. ANY MODIFICATION OR REVOCATION OF THIS DOCUMENT SHALL NOT BE EFFECTIVE AS TO ANY SUCH PARTY UNTIL THAT PARTY RECEIVES ACTUAL NOTICE OF THE MODIFICATIONS OR REVOCATION. NO SUCH PARTY SHALL BE LIABLE BECAUSE OF RELIANCE ON A COPY OF THIS DOCUMENT.

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: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

WITNESS 2: \_\_\_\_\_ (SIGNATURE)

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ACCEPTANCE AND ASSUMPTION BY AGENT:

1. I HAVE NO ACTUAL KNOWLEDGE OR ACTUAL NOTICE OF REVOCATION OF THIS APPOINTMENT TO CONTROL DISPOSITION OF REMAINS.

2. I HEREBY ACCEPT THIS APPOINTMENT AND ASSUME THE OBLIGATIONS PROVIDED BY THIS APPOINTMENT FOR THE REASONABLE COSTS OF DISPOSITION. I HAVE THE RIGHT, HOWEVER, TO BE REIMBURSED BY THE FIDUCIARY OF THE DECEDENT'S ESTATE, PROVIDED SUCH COSTS ARE DETERMINED REASONABLE.

SIGNED THIS DAY OF \_\_\_\_\_, 20\_\_\_\_ .

\_\_\_\_\_

(YOUR SIGNATURE)