



ISLAMIC INTERNATIONAL
FUNERAL SERVICES

العالمية الإسلامية للخدمات الجنائز

409 42nd Street ♦ Brooklyn, NY 11232

T: (718) 435-6700 ♦ F: (347) 384-2007

Cell: (347) 262-2744 ♦ (347) 458-2968

islamicintlfuneralservice@gmail.com

www.islamicinternationalfuneralservice.com

**AT THE NEED WRITTEN STATEMENT OF PERSON
HAVING THE RIGHT TO CONTROL DISPOSITION
(PROVIDED TO FUNERAL DIRECTOR)
PERSON OTHER THAN AGENT**

I, _____,
(NAME OF NEXT-OF-KIN, OTHER PERSON, PRINT)

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

(NAME OF THE DESCENDANT)

I further represent that I am the person having priority to control the disposition in accordance with subdivision 2 of Section 4201 of theNYS Health Law. The order of priority set forth in subdivision 2 of Section 4201 of theNYS Health is the following:

- **PERSON DESIGNATED IN WRITTEN STATEMENT;**
- **SPOUSE;**
- **DOMESTIC PARTNER;**
- **ANY CHILD 18 OR OLDER;**
- **ANY PARENT;**
- **ANY BROTHER OR SISTER;**
- **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;**



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- **FIDUCIARY;**
 - **CLOSE FRIEND OR OTHER RELATIVES WHO IS REASONABLY FAMILIAR WITH THE DECEDENT'S WISHES,** Including his or her religious beliefs, when no one on this list is available, willing or competent to act; (NOTE: this person must complete an “At-Need Written Statement of 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 descendant who completes the “Act-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 NYS Health Law.

SIGNATURE:

Signature of “ Person other than agent”

DATE: