S T A T E O F N E W Y O R K

10595

I N A S S E M B L Y

April 8, 2010

Introduced by M. of A. CASTELLI -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to recognizing as an acceptable written instrument for disposition of remains for service members, the federal form DD93

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Subdivision 3 of section 4201 of the public health law, as amended by chapter 76 of the laws of 2006, is amended to read as follows:

3. The written instrument referred to in paragraph (a) of subdivision two of this section:

(A) may be in substantially the following form, and must be signed and dated by the decedent and the agent and properly witnessed:

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:

_____
_____
_____

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.

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_____
_____

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: _____

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)

(B) FOR MEMBERS OF THE ARMED FORCES, MAY BE A FEDERAL FORM DD93 (RECORD OF EMERGENCY DATA), SETTING FORTH A SERVICE MEMBER'S DESIGNATION OF A PERSON AUTHORIZED TO DIRECT DISPOSITION OF HUMAN REMAINS, REQUIRED PURSUANT TO THE REQUIREMENTS OF SECTION FIVE HUNDRED SIXTY-FOUR OF THE NATIONAL DEFENSE AUTHORIZATION ACT OF 2008, PUBLIC LAW 109-163 OF THE ONE HUNDRED NINTH CONGRESS.

S 2. This act shall take effect immediately.