



*New Jersey Office of the Attorney General*

Division of Consumer Affairs  
New Jersey Cemetery Board  
124 Halsey Street, 6th Floor, P.O. Box 45036  
Newark, New Jersey 07101  
(973) 504-6553

**Appointment of Agent to Control the Funeral  
and Disposition of Remains**

In accordance with N.J.S.A. 45:27-22

**General Directions For This Form**

- This form creates a Funeral and Disposition Agent ("Agent") who you appoint to authorize your funeral arrangements and the final disposition of your remains after your death. The appointed Agent will have **sole authority** to make decisions regarding your funeral and the final disposition of your remains.
- If you have executed a Last Will and Testament in which a person to control your funeral and disposition is already named, execution of this form will revoke that appointment in favor of the appointment made here. You may appoint as your Agent the same person named as Executor in your Will.
- This form must be signed by you in the presence of two (2) witnesses and a Notary. Both witnesses must sign the completed form, and the Notary must notarize it where indicated.
- You may **NOT** appoint as your Agent any owner, employee, or representative of the funeral home, cemetery or crematory you have chosen/will choose to provide any goods or services related to your funeral and/or the disposition of your remains, unless said person is your relative.
- You may name a successor agent on this form. If your designated Agent(s) is unable or unwilling to act, and no successor agent is named (or the named successor is unable/unwilling to act), the right to control the funeral and disposition of your remains is determined by N.J.S.A. 45:27-22(a). The statute lists the order of priority for the right to control as surviving spouse, then adult children, then parents, then siblings and other next of kin.

**Copies of this executed form should immediately be given to the named Agent and any other person who should be informed of the appointment of the Agent, such as the successor agents (if any), funeral home, cemetery or crematory, family members, estate attorney, etc.**



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**Appointment of Agent to Control the Funeral and Disposition of Remains**

I, \_\_\_\_\_,  
(Your name, mailing address, telephone number, email address)

being an adult of sound mind, hereby willfully and voluntarily appoint \_\_\_\_\_  
(Name of Designated Funeral and Disposition Agent)

to serve as my Funeral and Disposition Agent ("Agent"), who, upon my death, shall have authority and power to control and carry out the arrangements for my funeral and the disposition of my remains.

**Prior Arrangements:**

I  **have**  **have not** entered into a pre-need agreement for funeral services and/or merchandise pursuant to N.J.S.A. 45:7-82 et seq.

I  **do**  **do not** own an interment space within the cemetery below. Title to the interment space is currently located at: \_\_\_\_\_

\_\_\_\_\_  
(Name and address of funeral home with which you entered into a pre-need funeral arrangement to provide merchandise and/or services)

\_\_\_\_\_  
(Name and address of cemetery where you own an interment space)

**Preferences:**

Set forth below are my preferences regarding funeral arrangements and the disposition of my remains. My Agent is not bound by the preferences stated below and may ultimately authorize arrangements and/or final disposition that conflict with any preference listed:

Preferred Funeral Arrangements	Preferred Disposition of Remains

**Designated Funeral and Disposition Agent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(include area code)

Email Address: \_\_\_\_\_

**Successor Agent Optional:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(include area code)

Email Address: \_\_\_\_\_

I choose **not** to name a Successor Agent. I understand that if my designated Agent is unable or unwilling to act, the right to control the funeral and disposition of my remains shall be governed by N.J.S.A. 45:27-22.

**Authorization:**

This appointment becomes effective upon the completion and proper execution of this entire document (witnessed and notarized). At such time, and in so doing, any previous appointment of a person to control the funeral and disposition of my remains is hereby revoked.

In executing this form appointing a Funeral and Disposition Agent, I warrant that all representations and statements contained in this document are true and correct and that all of the statements and signatures are made in order to appoint a Funeral and Disposition Agent. I understand that this appointment supersedes all other priority classes outlined in N.J.S.A. 45:27-22.

Signature of person appointing the Funeral and Disposition Agent:

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**Witnesses:**

I declare that the person who executed this document above is personally known to me and appears to be of sound mind and acting of his/her free will. He/She signed this document in my presence.

**Witness #1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**Witness #2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**Acknowledgement by Notary:**

State of New Jersey, County of \_\_\_\_\_

I certify that the persons named above personally appeared before me, were confirmed and acknowledged to my satisfaction to be the persons identified in this Appointment of Agent to Control the Funeral and Disposition of Remains, and personally signed this document in my presence.

Signed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Notary Name: \_\_\_\_\_

Expiration of Notary Commission: \_\_\_\_\_

