



RIGHT OF PUBLICITY CLAIM REGISTRATION

Please take the time to read the instructions carefully before beginning this form. Incomplete forms will be returned and will delay processing.

Who may file a Right of Publicity Claim Registration?

Any person claiming to be a successor in interest or a licensee thereof to the rights of a deceased personality may file a claim registration.

Is it required to identify the basis for the claim?

Yes, you must identify the basis for the claim on the form. The list includes spouse, child, parent, contract, gift, license, will, court judgement, or you can identify another basis for this interest.

Can an agent of the claimant submit the registration?

Yes, an agent of the claimant, lawfully appointed, can submit a registration on the claimant's behalf. The agent will need to identify they are the agent and further verify and affirm to certain conditions as outlined on the form.

Where does the 'deceased personality' need to be domiciled at the time of death?

The deceased personality needed to be domiciled in the State of New York at the time of their death in order to file this registration.

Does the registration require the rights claimed to be identified?

Yes, the registration requires the claimant to identify each of the rights being claimed along with the percentage of the interest claimed.

How do I file a claim registration online?

To apply for a registration, you must create an account or utilize an already existing MY NY.gov account. Please visit the <https://dosforms.ny.gov/ROP/> to begin your online registration. For further instructions, you may visit www.dos.ny.gov/licensing.

What is the fee for this claim registration?

The registration fee is \$150.

What if I have more questions?

Please see responses to frequently asked questions available on the Department of State website at <http://www.dos.ny.gov/licensing/>.

What forms of payment do you accept?

You may pay by check or money order made payable to the Department of State. Do not send cash. All fees are nonrefundable. A \$20 fee will be charged for any check returned by your bank.

What is the effective date of this registration requirement?

Section 3 of Chapter 304 of the Laws of 2020 states in pertinent part 'this act shall... apply to all living individuals and deceased individuals who died on or after such date' [May 29, 2021]. As such, a filing cannot be accepted where the date of death occurred prior to statutory enactment.



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
www.dos.ny.gov

RIGHT OF PUBLICITY CLAIM REGISTRATION

Filing as (Check one): Claimant Agent of Claimant

Check Type of Claimant: Individual Entity

PUBLIC INFORMATION DISCLOSURE TO REGISTRANTS:

Pursuant to Section 50-F of the New York Civil Rights law, the information provided in this filing is subject to public disclosure. Except as noted below, all information provided herein, including addresses, may be made available to the public via the Department of State website at www.dos.ny.gov.

CLAIMANT INFORMATION – Please complete the applicable section below: (Individual or Entity)

INDIVIDUAL CLAIMANT INFORMATION:

LAST NAME		FIRST NAME		MIDDLE INITIAL
CLAIMANT ADDRESS (If you do not have a business address, we will accept a P.O. Box. Note: This address will be published on our website.)				
CITY		STATE	ZIP+4	COUNTY
PHONE NUMBER	EMAIL ADDRESS			COUNTRY

ENTITY CLAIMANT INFORMATION:

ENTITY NAME				
CONTACT PERSON (To be contacted if there is a problem filing this claim)				
LAST NAME		FIRST NAME		MIDDLE INITIAL
CLAIMANT ADDRESS (* If you do not have a business address, we will accept a P.O. Box. Note: This address will be published on our website.)				
CITY		STATE	ZIP+4	COUNTY
PHONE NUMBER	EMAIL ADDRESS			COUNTRY

DECEASED PERSONALITY INFORMATION – Please complete information requested below:

LEGAL LAST NAME		FIRST NAME		MIDDLE INITIAL
DECEASED PERSONALITY NAME (OPTIONAL)				
RESIDENCE ADDRESS (this address will be published on our website)				
CITY	STATE (Must be NY) New York	ZIP+4	C OUNTY	

Date of Death of Personality: _____

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CLAIM INFORMATION (Select one of the below)

Success-In-Interest Basis: (Please select the appropriate basis for this Claim)

- | | | |
|---------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Contract | <input type="checkbox"/> Will |
| <input type="checkbox"/> Child | <input type="checkbox"/> Gift | <input type="checkbox"/> Court Judgement |
| <input type="checkbox"/> Parent | <input type="checkbox"/> License | <input type="checkbox"/> Other: Please describe: _____ |

Rights Claimed: (Please check all that apply)

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Photograph | <input type="checkbox"/> Sound Recording(s) |
| <input type="checkbox"/> Voice | <input type="checkbox"/> Likeness | <input type="checkbox"/> Other: Please describe: _____ |
| <input type="checkbox"/> Signature | <input type="checkbox"/> Digital Replica | |

Percentage of Interest Claimed: (Select one of the below)

- | | | | |
|-------------------------------|------------------------------|------------------------------|---|
| <input type="checkbox"/> 100% | <input type="checkbox"/> 50% | <input type="checkbox"/> 25% | <input type="checkbox"/> Other Percentage: _____% |
|-------------------------------|------------------------------|------------------------------|---|

The above percentage of interest is claimed in: (Select one of the below)

- | |
|---|
| <input type="checkbox"/> All types of Rights |
| <input type="checkbox"/> Limited Rights as described below: |

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VERIFIED AFFIRMATIONS Complete applicable affirmation (Select Claimant or Agent of Claimant Affirmation):

CLAIMANT AFFIRMATION:
I verify and affirm, under the penalty of perjury, to the best of my knowledge and belief, that the statements made in this claim are true and correct. I acknowledge that any false statement contained herein may be punishable under the laws of the State of New York.

Signature

Date

AGENT OF THE CLAIMANT:

Please print name of Agent of Claimant:

LAST NAME

FIRST NAME

MIDDLE INITIAL

AGENT'S ADDRESS

CITY

STATE

ZIP+4

COUNTY

EMAIL ADDRESS

Verified Affirmation: Check each box and sign below

As the agent of the claimant,

- I verify and affirm, under the penalty of perjury, to the best of my knowledge and belief that the statements made in this claim are true and correct ;and
- I have been lawfully appointed to file this registration; and
- I have read and know the contents of this registration; and
- I believe the same to be true. I acknowledge that any false statement contained herein may be punishable under the laws of the State of New York.

Signature

Date