

Columbia University College of Physicians & Surgeons Anatomical Donor Program

Required Affidavits for the Donor

INTENT OF ANATOMICAL DONATION (signing must be witnessed):

I, _____, residing at _____, in the City of _____, in the County of _____, in the State of _____, hereby give my body after death to the **College of Physicians & Surgeons of Columbia University** to be used for the purposes of education, research and advancement of medical science. I further direct that my body be delivered immediately after my death to the above institution for the above named purposes. **Columbia University** will arrange for transportation and embalming if your body is within the Greater New York Metropolitan Area (60 miles from Manhattan). **Columbia University** reserves the right to decline a donation should the body be considered unsuitable for teaching and study, such as if your body harbors a communicable disease, is morbidly obese or emaciated, has limbs in a contracted position such as the fetal position, or has had an autopsy or recent open surgery that has not healed.

Date _____ Donor Signature _____

Signature of First Witness

Signature of Second Witness

Address of First Witness

Address of Second Witness

CREMATION AUTHORIZATION (signing must be notarized):

When the remains of my body cease to be of use to the **College of Physicians & Surgeons of Columbia University** (usually within two years), I, _____, hereby direct that cremation of the remains of my body be carried out by **Columbia University**.

Date _____ Donor Signature _____

Sworn to me this _____ day
of _____ 20____

Notary Public or Commissioner of Deeds

Anatomical Donor Information

Date

Last Name

First Name

Address

City

State

Zip Code

Home Phone

Cell

E-mail

Date of Birth

Place of Birth

Gender Male Female

Social Security Number

Highest Degree

Occupation
(current or prior to retirement)

If Veteran, Branch

Discharge Date

Years Served

Full Name of Father

Maiden Name of Mother

Marital Status

Spouse/Partner (if Married)

Last Name

First Name

Address

City

State

Zip Code

Home

Cell

E-mail

Next of Kin (if not married)

Last Name

First Name

Address

City

State

Zip Code

Home Phone

Cell

E-mail

Relationship