

**University at Buffalo
School Of Medicine And Biomedical Sciences
Department Of Pathology And Anatomical Sciences
Anatomical Gift Program
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Telephone: 829-2913 Fax: 716-829-2915

DECLARATION OF CONSENT

**RETURN THIS ORIGINAL SIGNED FORM
ALONG WITH THE EMERGENCY CONTACT INFORMATION FORM
TO THE ADDRESS SHOWN ABOVE**

Make a copy of this form for your records
You may wish to make copies for your family, physician and/or attorney.

I hereby direct that my body be delivered, after my death, to the State University of New York at Buffalo as an unrestricted gift for purposes of medical study and research; that such delivery be made as soon as possible, without embalming or autopsy.

Please print full name in box:

__ Miss __ Ms. __ Mrs. __ Mr. __ _____

DONOR'S SIGNATURE: _____ **DATE:** _____

DONOR ADDRESS:

WITNESS SIGNATURES / ADDRESSES:

_____ 1) _____

DONOR TELEPHONE NO: _____ 2) _____

DONOR DATE OF BIRTH: _____

DONORS SOC. SEC.NO: _____ **DATE:** _____

*(Power of Attorney may sign for Donor, but **MUST** attach copy of POA)*

DISPOSITION OF ASHES: (Please Initial Choice)

_____ University Cemetery located on the Amherst campus of SUNY at Buffalo.

_____ Roman Catholic burial in consecrated ground at Mt. Olivet Cemetery, Kenmore, NY.

_____ Return ashes to **Next Of Kin/Cemetery/Funeral Director** (may take up to 2 years)

Name: _____ Telephone No. _____

Address: _____

Relationship to Donor: _____