



## Department of Radiology

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# How to Donate: Body Donor Program

Thank you for your interest in the advancement of medical education and research. The study of medicine would not be possible without the aid of those conscientious persons who donate their bodies toward the advancement of medical science. Countless individuals everyday enjoy the fullness of health in part through their practicing physician's diligent anatomical study. The well-trained physicians graduated from Weill Cornell Medicine are always mindful and grateful for this gift and acknowledge lasting indebtedness to the anonymous donors.

Please understand that no guarantee can be given that a donation will be accepted, as there are several conditions that could leave a body unsuitable for anatomical examination, the purpose of which is primarily the study of normal human structure. Among other considerations, the cause of death itself or prior embalming or post-mortem examination renders the body unsuitable for anatomical study. If the donation cannot be accepted, responsibility for burial or cremation rests with the executors or next of kin.

### Instructions:

- 1) Complete Paperwork: Fill out the included paperwork. Leave a copy with a relative, friend or lawyer and send a copy to Weill Cornell Medicine. Fill out the donor card and keep it with you at all times
- 2) Contact Cornell: At the time of death, it is of great importance that the Anatomy Division is notified as soon as possible so that confirmation of acceptance can be given. The telephone number is (212) 746-5677. Should the death occur while the Anatomical Gift Coordinator is unavailable, a number will be provided on the voicemail for whom to contact. There is a 36-hour limit to begin embalming before we must deny the donation
- 3) Approval: The doctor in charge of the deceased and the Anatomical Gift Coordinator for the Anatomy Division will make a decision on whether or not the donation is acceptable. The next of kin or executor will be informed of the decision within a short period of time
- 4) Removal: If the bequeathal is accepted, then the college will arrange for immediate removal of the donor at no expense to the family or estate if the death occurred within the Greater New York area. If the donation is NOT accepted, the family or estate should proceed with private arrangements for burial or cremation. It is regretted that Weill Cornell Medicine cannot make any financial contribution to these private arrangements
- 5) Study: The anatomical study takes between 1 and 3 years. Regrettably, we do not generate a report on the pathology of our donors. As the anatomical study nears its completion, we will contact the listed next of kin or executor in order to be certain that the information on the final disposition of the donor's remains is correct
- 6) Final Disposition: After confirmation is received from the next of kin or executor regarding the final disposition, we begin the process of fulfilling these wishes:
  - The body is cremated by Weill Cornell Medicine in a dignified manner at no expense to the family or estate and the ashes are returned to the designated location as designated by the affidavit
  - The body is cremated by Weill Cornell Medicine in a dignified manner at no expense to the family or estate and the ashes are scattered in our private plot in Rockland County
  - The body is returned, without cremation, to a licensed funeral director at the expense of the family or estate
  - In the event that no request is made for the ashes to be returned or the person designated to receive the ashes is unable to be contacted, the ashes will be scattered by Weill Cornell Medicine after a period of six months from the time of cremation

**Although not absolute, the following is a guide to reasons for not accepting a bequeathal:**

1. Post Mortem Examination (Autopsy): Such a donor cannot be accepted
2. Transmittable Disease: Hepatitis, HIV, Septicemia, Tuberculosis
3. Jaundice
4. Gangrene
5. Artificial Stoma: Tracheotomy, ileostomy, colostomy, gastrostomy, etc
6. Recent Operations: Where the wound has not healed
7. Amputation: A major segment of one or more limbs
8. Arthritic Deformity: Severe deformity of joints and spine
9. Obesity/Emaciation: Weight should be in proximity with height: weight ratio

**Donation Forms:**

When filling out the donation forms, leave a copy with a relative, friend or lawyer and send a copy to Weill Cornell Medicine. Fill out the donor card and keep it with you at all times.

- [Donor Card.pdf](#)
- [Donor Forms.pdf](#)

You may mail the completed forms to:

Weill Cornell Medicine  
Department of Radiology, Anatomy Division  
1300 York Avenue, Room A-518 Box 47  
New York, NY 10065

If you have any questions please contact us at 212-746-5677.

**Weill Cornell Medicine  
Department of Radiology**

525 East 68th Street  
New York, NY 10065  
Phone: (212) 746-6000



Contact Us



Directory

—AFFIDAVIT—

PART I To be completed by the donor, or if after death, by next of kin or executor.

I, \_\_\_\_\_, being of age 18 or over and of sound mind, residing at

\_\_\_\_\_ hereby donate my body (or the body of \_\_\_\_\_, recently deceased), to Weill Cornell Medical College to be used for the purposes of health science education, health science research or advancement of medical therapy. No elective autopsy may be performed nor organs removed nor may the body be embalmed prior to delivery to the Medical College.

Date \_\_\_\_\_

Signature \_\_\_\_\_

1 <sup>st</sup> Witness Name _____
Address _____ _____
Phone _____
Signature _____

2 <sup>nd</sup> Witness Name _____
Address _____ _____
Phone _____
Signature _____

PART II To be completed by donor, or if after death, by next of kin or executor. When anatomical examination of \_\_\_\_\_ is complete, I hereby authorize final disposition of the remains by the option checked and signed below. (Choose A, B, or C.)

- A.  Cremation by Weill Cornell Medical College at no expense to the family or estate and ashes returned to: Name: \_\_\_\_\_  
Address: \_\_\_\_\_
- B.  Cremation by Well Cornell Medical College at no expense to the family or estate and ashes scattered by Weill Cornell Medical College
- C.  A private burial or cremation with the cost to be borne by the family or estate at no expense to Cornell University.

Date \_\_\_\_\_

Signature \_\_\_\_\_

# Vital Statistics

1. Full Legal Name: \_\_\_\_\_

2. Legal home address: \_\_\_\_\_

3. Phone Number: (\_\_\_\_\_) \_\_\_\_\_

4. Date of Birth: (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country: \_\_\_\_\_

6. Social Security Number: \_\_\_\_\_

7. Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Domestic Partnership \_\_\_\_\_  
Other (*specify*) \_\_\_\_\_

8. Full Name of Spouse: \_\_\_\_\_  
(*include maiden name*)

9. United States Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, years served: \_\_\_\_\_

10. Race/Ethnicity: \_\_\_\_\_ Hispanic: Yes \_\_\_\_\_ No \_\_\_\_\_

11. Highest level of Education: \_\_\_\_\_

12. Current or last occupation: \_\_\_\_\_

13. Industry: \_\_\_\_\_

14. Name and locality of employer: \_\_\_\_\_

15. Father's full name: \_\_\_\_\_

16. Mother's full name: \_\_\_\_\_  
(*include maiden name*)

17. Known Medical Conditions:  
\_\_\_\_\_  
\_\_\_\_\_

18. Next of Kin or Executor: \_\_\_\_\_ Relationship: \_\_\_\_\_

Legal home address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Weill Cornell Medicine

## DONOR CARD

**Program in Gross Anatomy  
& Body Visualization**

1300 York Ave, New York, NY  
10021  
(212) 746-5677



In the interest of medical education; I, the undersigned, wish to donate my body to Weill Cornell Medical College at the time of my death

\_\_\_\_\_  
Signed by donor

\_\_\_\_\_  
Signed by witness

\_\_\_\_\_  
Date signed

### Donor Information

Name (Print)

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone

\_\_\_\_\_

### Next of Kin Information

Name (Print)

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone

\_\_\_\_\_