



ANATOMICAL GIFT FORM

I am over 18 years of age and of sound mind. I wish to make an anatomical gift of my entire body (or that of my next-of-kin) to the New York Institute of Technology College of Osteopathic Medicine of New York Institute of Technology, Town of Oyster Bay, County of Nassau, State of New York, for use in the Department of Anatomy for purposes of medical education and research. I further direct that delivery of my remains to this school be made as soon as possible after my death **without prior autopsy or embalming.**

Date of Birth _____ Social Security Number _____

Printed Name _____ Signature _____

Date signed _____ Telephone _____

Address _____

Relationship to donor _____

Witness 1:

Signature _____ Date _____

Printed Name _____ Relationship to donor

(if any): _____

Address _____

Telephone _____

Witness 2:

Signature _____ Date _____

Printed Name _____ Relationship to donor

(if any): _____

Address _____

Telephone _____

I understand that any remains not directly used by the Department of Anatomy may be made available for study at other medical schools and research facilities.

Please return completed form to:

**Department of Anatomy
NYIT College of Osteopathic Medicine
New York Institute of Technology
304 Riland Building, Northern Boulevard
Old Westbury, NY 11568-8000**

Authorization for Cremation and Disposition

NYS Department of State
Division of Cemeteries
One Commerce Plaza, 99 Washington Avenue
Albany, NY 12231
(518) 474-8226
www.dos.ny.us

This Authorization Form must be completed and signed prior to delivery of remains for cremation.

Date: _____ Number: _____

Crematory Name: _____

Address: _____ Phone: _____

CREMATION IS AN IRREVERSIBLE AND FINAL PROCESS.

Cremation is carried out by placing the remains of the deceased and the container holding the remains into a cremation chamber where they are subjected to intense heat and flame. The heat and flame will incinerate and consume everything except bone and metal, which are all that will be left after cremation. Following cremation, the crematory will take reasonable efforts to remove all of the remains and other material from the cremation chamber, but some minimal dust and residue will likely be left behind. The crematory will separate incidental and foreign material from the remains and the incidental and foreign material will be disposed of as required by law. The cremated remains will be mechanically pulverized into small pieces and placed into a designated container or urn. Cremated remains generally are pulverized until no single fragment is recognizable as skeletal tissue.

OPENING OF CONTAINER

The crematory may only open the container holding the un-cremated human remains in limited circumstances, such as to confirm the identity of the deceased or to ensure that no material is enclosed which might injure employees or damage crematory property. If human remains are delivered in a container which is not suitable for cremation such as a ceremonial or rental casket, the crematory will require that the remains be moved into a suitable container before it accepts the remains. The opening of a container or the transfer or removal of remains will be conducted before a witness and will be done in privacy, with dignity and respect.

IDENTIFICATION OF DECEASED

Name of Deceased: _____ Marital Status: _____

Last Known Address: _____

Place of Death: _____

Sex: M F Age: _____ DOB: _____ Date of Death: _____ Estimated Weight: _____

Description of casket/container in which remains will be delivered: _____

PERSON IN CONTROL OF DISPOSITION

(Person(s) in control of disposition, initial ONE of the following)

_____ I am/ We are the designated agent of the deceased designated in a will or written instrument executed pursuant to Public Health Law section 4201.

-OR-

_____ I/We have no knowledge that the deceased executed a written instrument pursuant to Public Health Law section 4201 or a will containing directions for the disposition of his or her remains and *(Continued next page)*

(Initial the following)

_____ I/We understand that if the remains are not claimed within 120 days of cremation,
(crematory name) _____ may dispose of the remains in an irretrievable manner,
such as by scattering.

CREMATION CONTAINER/URN

(Initial ONE of the following)

_____ An urn to be used as a container for the cremated remains has been purchased from
_____ and is described as follows:

I/We understand that if the urn is too small to hold the entire cremated remains, an additional rigid container may be used for delivery.

-OR-

_____ An urn has not yet been purchased. I/We understand that if no urn is purchased or otherwise provided
(crematory name) _____ will place the cremated remains in a rigid temporary
container for delivery.

This Authorization Form was provided by *(funeral director name)* _____
was executed at *(funeral home name)* _____
(funeral home address) _____ and is signed by the funeral director
as witness to its execution.

I/We have received a completed copy of this Authorization Form.

The person(s) identified below is/are the person(s) in control of disposition, who by signing this
Authorization Form, attest(s) to the accuracy and completeness of the information contained in this
Authorization Form and authorize(s) the foregoing.

Signed this _____ day of _____, 20_____.

Typed or Printed Name *Signature*

Address

Typed or Printed Name *Signature*

Address

Typed or Printed Name *Signature*

Address

WITNESS:

Funeral Director Typed or Printed Name *Funeral Director Signature*

Registration Number

NYIT

*College of
Osteopathic Medicine*

RETURN OF CREMATED REMAINS FORM

At the conclusion of study, donated bodies are cremated at the expense of the New York Institute of Technology College of Osteopathic Medicine. Please select one of the following options below, for the final disposition of the cremated remains (cremains).

Please choose only ONE option:

_____ I decline to have the cremains returned and authorize NYITCOM to dispose of these remains by scattering at sea.

_____ I wish to have the cremains delivered to a family member, funeral director, or other party as indicated below:

Name and address of person or institution to whom cremains should be delivered:

Signature of person requesting or declining return of cremains:

X

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