

State of New York

City of New York

Affidavit

Part A - to be completed by donor, or if after death, by next of kin or executor.

Name \_\_\_\_\_ ( should be 18years or older)

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Donor \_\_\_\_\_

I hereby donate my body to CUNY School of Medicine to be used for the purpose of 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 Medical College.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness 1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness 2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Part B – to be completed by donor, or if after death by next of kin or executor

When anatomical examination of donor is complete , I hereby authorize final disposition of the remains , kindly check the appropriate boxes below.

Cremation by CUNY School of Medicine at no expense to family or estate and ashes returned to

Name \_\_\_\_\_

Address \_\_\_\_\_

Cremation by CUNY School of Medicine at no expense to the family or estate and ashes scattered by CUNY School of Medicine.

A private burial or cremation with the cost to be borne by the family or estate, at no expense to CUNY School of Medicine .

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Vital Statistics

Name : \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ (City/State)

SSN \_\_\_\_\_

Address : Apt , Street \_\_\_\_\_

City \_\_\_\_\_

County of Residence \_\_\_\_\_

State \_\_\_\_\_

Current Occupation \_\_\_\_\_

Name and address of present Employer \_\_\_\_\_

Marital/Partnership status. \_\_\_\_\_

Highest level of education \_\_\_\_\_

Veteran Status \_\_\_\_\_ Years served \_\_\_\_\_

Race/Ethnicity \_\_\_\_\_ Yes of Hispanic origin \_\_\_\_\_

Name of Next of Kin or Executor \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone No \_\_\_\_\_

Known medical  
conditions \_\_\_\_\_

---

---

---

---

Signature \_\_\_\_\_ Date \_\_\_\_\_