



The Donation Process

Establishing Your Donation

You must be at least 18 years of age (no upper age limit) and of sound mind to establish a body donation to the Whole Body Anatomical Gift Program of the Zucker School of Medicine. Documentation required for initiating a donation includes:

Registry of Intent to Body Donation Statistical Information for Issuance of Death Certificate Authorization for Cremation and Disposition

These forms are included in this file and should be completed. You should make two additional copies; one for your records, and one that should be given to a family member, attorney, or close friend. The original signed documents should be mailed to the Whole Body Anatomical Gift Program at:

Whole Body Anatomical Gift Program Coordinator
Donald and Barbara Zucker School of Medicine at Hofstra/Northwell
500 Hofstra University
Hempstead, NY 11549

Please be assured that you (the Donor) have the right to revoke their intent at any time, and this right also applies to the next of kin or authorized representative after the Donor is deceased.

Upon receipt of your completed forms, the School of Medicine will send you a Whole Body Anatomical Gift Program Donor Card that you can keep in your wallet to identify you as a donor.

At the Time of Death

When death occurs, the party responsible for making the arrangements to donate the body (next of kin or other authorized person) should contact the Whole Body Anatomical Gift Program as soon as possible at (516) 463-7505. This is a 24-hour number. If the body is deemed acceptable for donation, arrangements will be made for immediate transfer by a funeral director associated with the Medical School.

We are only able to defray the costs of body transportation to the School of Medicine from the counties of Nassau, Suffolk and the five boroughs of New York City. If death occurs outside of our donation area and donation is still desired: 1) your family may have the un-embalmed body transported to the School of Medicine at their expense, or 2) the body may be donated to a medical school within the region in which death occurred.

We require the body to be intact for use in our program. Therefore, embalming, organ donation or autopsy would preclude acceptance of a whole body donation. However, we do encourage consideration of a corneal donation, as this will not interfere with use of the body for educational purposes. For information about eye donation, please contact the Lions Eye Bank for Long Island.

There are several additional reasons why a body may not be suitable for donation. These include, but are not limited to:

- Prior autopsy or embalming
- Certain infectious diseases (including, but not limited to AIDS, hepatitis, tuberculosis, Creutzfeldt-Jakob disease)
- Extensive trauma at the time of death
- Advanced decomposition
- Extreme obesity

Although most anatomical donations are accepted, donors and their next of kin should plan alternative arrangements in the event that the donation must be declined.

Disposition of Remains

Anatomical studies generally take between one and three years, although some donations may be retained for longer periods of time. In some cases, donations may provide such a unique educational opportunity that a portion of the donation may be retained for archival purposes. We reserve the right to retain portions of a donation for this purpose.

Upon completion of anatomical studies, remains will be cremated at the expense of the School of Medicine at a licensed in-state crematory. In accordance with the donor's request, cremated remains (cremains) are either returned to the designated recipient or scattered at sea.

Please visit our FAQ page for further information: <https://medicine.hofstra.edu/agp/agp-faq.html>



DONALD AND BARBARA
ZUCKER SCHOOL of MEDICINE
 AT HOFSTRA/NORTHWELL

Registry of Intent for Whole Body Donation

(to be completed by the prospective donor)

Being of sound mind and at least 18 years of age, I, _____, direct that immediately upon my death, my whole body (or any part thereof) be made available for educational and/or research purposes to the Whole Body Anatomical Gift Program (“Gift Program”) of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell. In so doing, I give permission for embalming of my body as needed for study.

I have read the Gift Program documentation and agree to abide by its procedures and policies regarding whole body donation. I understand that there are certain circumstances that may preclude a donation from being accepted, as described in the Gift Program documentation. I acknowledge that it is my responsibility, or the responsibility of my legally authorized representative, to make alternative arrangements for the disposition of my body in case it is not accepted by the Gift Program.

I authorize the Gift Program to transfer my remains to another institution legally authorized to receive anatomical gifts in the event that the purpose of medical education and/or research would be best served by this action. I understand that anatomical studies generally take between one and three years, and that some portions of donations may be retained for longer periods of time for archival purposes.

Should my death occur within the county of Nassau or Suffolk, or one of the five boroughs of the City of New York (Bronx, Brooklyn, Manhattan, Staten Island, Queens) (defined as the “donation area”), I request that the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell be designated to carry out my direction in accordance with its donor procedures and policies. In this case, notice should be given no later than 24 hours following my death by contacting the Gift Program at 516-463-7505.

Should my death occur outside of these areas, I direct that: **(Check ONE of the following two statements.)**

_____ My body be made available to the nearest medical school, and my executor be authorized to pay transportation costs from my estate.

_____ My body be transported to the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell at the full expense of my estate.

I authorize that my remains be cremated at a licensed in-state crematory at the conclusion of anatomical studies at the expense of the Gift Program. After cremation, I request that my remains be: **(Check ONE of the following two statements.)**

_____ Scattered at sea.

_____ Returned to the person listed below who will assume responsibility for them. **The remains should be made available to: (Please print.)**

Name: _____ Relationship to donor: _____

Address: _____ City: _____ State: _____ ZIP code: _____

Phone: _____ – _____ – _____ Email: _____

I agree to the above conditions and the policies and procedures of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell Whole Body Anatomical Gift Program. This form must be signed by a witness.

Printed Name (Donor): _____

Address: _____ City: _____ State: _____ ZIP code: _____

Email: _____

Signature of Donor: _____ **Date:** _____

Witness

Printed Name: _____ Relationship to donor: _____

Address: _____ City: _____ State: _____ ZIP code: _____

Email: _____

Witness Signature: _____ **Date:** _____

500 Hofstra University, Hempstead, NY 11549-5000 • DONOR PROGRAM PHONE: 516-463-7505 • FAX: 516-463-5097
 EMAIL: cira.peragine@hofstra.edu • WEB: medicine.hofstra.edu/agp

White: Return to Gift Program

Yellow: Donor

Pink: Next of Kin/Authorized Representative



DONALD AND BARBARA
ZUCKER SCHOOL of MEDICINE
AT HOFSTRA/NORTHWELL

Date _____

#DCs _____

**Zucker School of Medicine at Hofstra/Northwell Whole Body Anatomical Gift Program
Statistical Information Sheet for the Completion of Death Certificate (Please print or type)**

Donor Name (First, Middle, Last) _____

Social Security # _____ / _____ / _____ Aliases or AKAs _____

Usual Residence _____ Apt _____

City _____ State _____ Zip Code _____

Telephone # _____ email address _____

Date of Birth _____ / _____ / _____ Birthplace (City/County, State, or Foreign Country) _____

Race _____ Veteran of U.S. Armed Forces (Y/N) _____ Specify Years _____

Occupation (if Retired, prior) _____ Type of Business or Industry _____

Name and Locality of Employer _____

Education – Elem./Sec. (0-12) _____ College (1-4 or 5+) _____ Highest Degree _____

Father's Name _____ Mother's Name (Maiden) _____

Marital Status (never married, married, separated, widowed, divorced) _____

Surviving Spouse: Married or Separated (maiden name if wife) _____

Name of Informant _____ Relation to Deceased _____

Informant's Address _____ Apt _____

City _____ State _____ Zip Code _____

Telephone # _____ email address _____

Medical History (Optional) (use reverse if necessary)

Authorization for Cremation and Disposition

NYS Department of State
Division of Cemeteries
One Commerce Plaza, 99 Washington Avenue
Albany, NY 12231
(518) 474-6226
www.dos.state.ny.us

PLEASE COMPLETE SECTIONS HIGHLIGHTED IN YELLOW

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

Date: _____ Number: _____

Crematory Name: Long Island Cremation Company Inc.

Address: 91 Eads Street, West Babylon, NY 11704 Phone: (631) 293-6664

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:
Double walled standard cremation container

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 nextpage)*

I am/ we are the person(s) having priority under Public Health Law section 4201 and have the right to authorize cremation of the remains of the deceased. **My/Our relationship to the deceased is as follows:**

(Insert from the list below)

Number: _____ Description: _____

1. A person designated in writing pursuant to Public Health Law section 4201(3);
2. The surviving spouse;
- 2a. The surviving domestic partner;
3. Any surviving child eighteen years of age or older;
4. A surviving parent;
5. A surviving sibling eighteen years of age or older;
6. A lawfully appointed guardian;
7. Any person(s) eighteen years of age or older entitled to share in the estate and who is/are closest in relationship to the deceased;
8. A duly appointed fiduciary of the estate;
9. A close friend or relative who has executed a written statement pursuant to Public Health Law §4201(7);
10. A chief fiscal officer of a county or a public administrator appointed pursuant to the Surrogate's Court Procedure Act;
- 10a. Any other person who is acting on behalf of the deceased and who has executed a written statement pursuant to Public Health Law §4201(7).

(Initial ALL THREE of the following)

_____ I/We hereby affirm that the body of the deceased does not contain a battery, battery pack, power cell, radioactive implant, or radioactive device and that any such materials were removed prior to the execution of this Authorization Form. **Failure to remove these items prior to cremation may result in harm to the crematory and crematory personnel.**

_____ I/We hereby affirm that instructions have been given to (funeral director name) Ms. Cira Peragine regarding the removal of any personal property or other thing of value which any person signing below or any family member of the deceased wishes to preserve. (crematory name) Long Island Cremation Company Inc. is not responsible for removal of personal items from the container or from the remains of the deceased. **Personal items left in the container or with the remains will be destroyed by the cremation process and cannot be retrieved after cremation.**

_____ I/We hereby authorize (crematory name) Long Island Cremation Company Inc. to cremate the remains of the deceased.

FINAL DISPOSITION

The person authorized to receive the cremated remains of the deceased from the crematory is:

Name: Ms. Cira Peragine, Licensed Funeral Director, Zucker School of Medicine at Hofstra/Northwell

Address: 500 Hofstra University, Hempstead, NY 11549 Phone: 516-463-7505

The cremated remains of deceased will be disposed of as follows:

Returned to responsible party OR scattered at sea, depending upon instructions from responsible individual

If for any reason the person named above does not take possession of the cremated remains,
(crematory name) Long Island Cremation Company Inc. is authorized to give possession of the remains to
(funeral home name) Zucker School of Medicine at Hofstra/Northwell by delivery in person or by registered mail.

(Initial the following)

_____ I/We understand that if the remains are not claimed within 120 days of cremation, (crematory name) Long Island Cremation Company Inc. 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) Long Island Cremation Company Inc. will place the cremated remains in a rigid temporary container for delivery.

This Authorization Form was provided by (funeral director name) Ms. Cira Peragine, was executed at (funeral home name) Zucker School of Medicine at Hofstra/Northwell, (funeral home address) 500 Hofstra University, Hempstead, NY 11549 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:

Ms. Cira Peragine
Funeral Director Typed or Printed Name _____ Funeral Director Signature _____

NYS 8341
Registration Number _____