

**University at Buffalo  
School Of Medicine And Biomedical Sciences  
Department Of Pathology And Anatomical Sciences  
Anatomical Gift Program  
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## **NEXT OF KIN CHANGE REQUEST**

**Please notify our office if your next of kin changes so that we may send you an updated wallet card.**

**To change your designation, please complete the following information and return or fax this form to the address shown above.**

### **Donor Information:**

DONOR'S NAME: \_\_\_\_\_

DONOR'S ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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### **Next of Kin:**

NAME: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_