

**DECLARATION OF CONSENT**

I hereby direct that my body be delivered, after my death, to the State University of New York at Buffalo as an unrestricted gift for purposes of medical study and research; that such delivery be made as soon as possible, without embalming or autopsy.

Miss /  Ms. /  Mrs. /  Mr. /  \_\_\_\_\_

PLEASE PRINT FULL NAME IN BOX →→→→

*Donor's signature MUST be witnessed by two (2) individuals, at least 18 years of age.*

**DONOR'S SIGNATURE:** \_\_\_\_\_

*Witness 1 signature:* \_\_\_\_\_

*Witness 2 signature:* \_\_\_\_\_

*Witness 1 Address* \_\_\_\_\_

*Witness 2 Address:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DATE:** \_\_\_\_\_

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

(Donor Mailing Address) \_\_\_\_\_

DONOR TELEPHONE NO.: \_\_\_\_\_

DONOR DATE OF BIRTH: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

*(Power of Attorney may sign for Donor, but **MUST** attach photocopy of POA verifying authority to sign.)*

**DISPOSITION OF ASHES:** (Please Initial Choice)

1. \_\_\_\_\_ University Cemetery located on the Amherst campus of SUNY at Buffalo.
2. \_\_\_\_\_ Roman Catholic burial in consecrated ground at Catholic Cemeteries of the RC Diocese of Buffalo.
3. \_\_\_\_\_ Return ashes to **Next Of Kin/Cemetery/Funeral Director** for private interment.

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to Donor \_\_\_\_\_ \*\*if Next of Kin, list 2<sup>nd</sup> option if necessary below

**KEEP this copy for your records.**

*You may wish to make copies for your family, physician and/or attorney.*

## DECLARATION OF CONSENT

I hereby direct that my body be delivered, after my death, to the State University of New York at Buffalo as an unrestricted gift for purposes of medical study and research; that such delivery be made as soon as possible, without embalming or autopsy.

(You may include additional information or a second choice of disposition of ashes on the reverse side.)

Miss /  Ms. /  Mrs. /  Mr. /  \_\_\_\_\_

PLEASE **PRINT** FULL NAME IN BOX →→→→

*Donor's signature MUST be witnessed by two (2) individuals, at least 18 years of age.*

**DONOR'S SIGNATURE:** \_\_\_\_\_

*Witness 1 Signature:* \_\_\_\_\_

*Witness 2 Signature:* \_\_\_\_\_

*Witness 1 Address* \_\_\_\_\_

*Witness 2 Address:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DATE:** \_\_\_\_\_

**DONOR'S COMPLETE ADDRESS:** \_\_\_\_\_

(Donor Mailing Address) \_\_\_\_\_

**DONOR TELEPHONE NO.:** \_\_\_\_\_

**DONOR DATE OF BIRTH:** \_\_\_\_\_

**E-MAILADDRESS:** \_\_\_\_\_

*(Power of Attorney may sign for Donor, but **MUST** attach a photocopy of POA that verifies authority to sign.)*

**DISPOSITION OF ASHES:** (Please Initial your choice:

1. \_\_\_\_\_ University Cemetery located on the Amherst campus of SUNY at Buffalo.

2. \_\_\_\_\_ Roman Catholic burial in consecrated ground at Catholic Cemeteries of the RC Diocese of Buffalo.

3. \_\_\_\_\_ Return ashes to **Next Of Kin/Cemetery/Funeral Director** for private interment.

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to Donor \_\_\_\_\_

(You may wish to indicate a second choice or individual for disposition of ashes, or additional instructions on the reverse side.)

**RETURN THIS ORIGINAL SIGNED FORM**

*(along with the EMERGENCY CONTACT INFORMATION form) TO THE ABOVE ADDRESS list at the top of this page*