

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 2nd option if necessary below

KEEP this copy for your records.

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

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

Miss / Ms. / Mrs. / Mr. / _____

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DISPOSITION OF ASHES: (Please Initial your choice:

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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