

**UB ANATOMICAL GIFT PROGRAM**

**CHANGE/VERIFY DISPOSITION OF ASHES**

*(please initial your choice)*

Upon completion of your teaching/studies:

\_\_\_\_ Please hold my cremains for interment in the Skiddersville Cemetery located on the Amherst Campus of SUNY Buffalo (burial in common grave)

\_\_\_\_ Please hold my cremains for burial in the Roman Catholic Cemetery (Assumption Cemetery, Grand Island NY)

\_\_\_\_ Please return my cremains to the individual/funeral director as specified below:

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

Relationship: \_\_\_\_\_

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

Telephone No. \_\_\_\_\_

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

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

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

PLEASE COMPLETE AND RETURN TO:

UB Anatomical Gift Program

3435 Main Street

128 Farber Hall

Buffalo NY 14214

**Anatomical Gift Program**

128 Farber Hall, Buffalo, NY 14214

716.829.2913 (F) 716.829.2915

[medicine.buffalo.edu/agp](http://medicine.buffalo.edu/agp)