Jacobs School of Medicine and Biomedical Sciences
University at Buffalo

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 Skinnerville Cemetery, located on the Amherst Campus of the University at Buffalo (burial in common grave)

_____ 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:

University at Buffalo
Jacobs School of Medicine and Biomedical Sciences
Department of Pathology and Anatomical Sciences
Anatomical Gift Program
128 Farber Hall
3435 Main Street
Buffalo, NY 14214-3000