

State of New York

City of New York

--AFFIDAVIT--

PART I To be completed by the donor, or if after death, by next of kin or executor.

I, _____, being of age 18 or over and of sound mind, residing at _____

hereby donate my body (or the body of _____, recently deceased), to Joan and Sanford I. Weill Medical College of Cornell University to be used for the purposes of health science education, health science research or advancement of medical therapy. No elective autopsy may be performed nor organs removed nor may the body be embalmed prior to delivery to the Medical College.

Date _____ Signature _____

1 st Witness Name _____
Address _____ _____ _____
Phone _____
Signature _____

2 nd Witness Name _____
Address _____ _____ _____
Phone _____
Signature _____

PART II To be completed by donor, or if after death, by next of kin or executor. When anatomical examination of _____ is complete, I hereby authorize final disposition of the remains by the option checked and signed below. (Choose A, B, or C)

- A. To be cremated by Weill Medical College of Cornell University at no expense to the family or estate and the ashes to be scattered by Weill Medical College of Cornell University.

Date: _____ Signature: _____

- B. To be cremated by Weill Medical College of Cornell University at no expense to the family or estate and the ashes to be returned to:

Name: _____

Address: _____

Date: _____ Signature: _____

- C. A private burial or cremation with the cost to be borne by the family or estate at no expense to Weill Medical College of Cornell University.

Date: _____ Signature: _____

PART III. To be completed after the demise of the donor by next of kin or executor.

I, _____, residing at _____

_____ in the city of _____, truthfully state that my relationship to the deceased, _____, is that of _____. It is my desire to carry out the stated wish of the deceased person named above that the body be delivered as soon as possible after death and without embalming or autopsy to the Program in Gross Anatomy at Weill Medical College of Cornell University for the purpose stated in Part I above. In the event that the remains of the deceased person named above are held at a municipal mortuary or similar authority, I hereby authorize the release of the remains to the designated agent of Weill Medical College of Cornell University for delivery to the Program in Gross Anatomy. I hereby release all claims to the remains of the deceased person named above except as provided in Option A of Part II above, if selected and signed.

Date: _____ Signature: _____

Notary Public or Commissioner of Deeds,
State of New York