

**University at Buffalo  
School Of Medicine And Biomedical Sciences  
Department Of Pathology And Anatomical Sciences  
Anatomical Gift Program  
225 Farber Hall, Rm. 225  
3435 Main Street  
Buffalo, NY 14214-3000**

Telephone: 829-2913 Fax: 716-829-2915

---

## **DECLARATION OF CONSENT**

**RETURN THIS ORIGINAL SIGNED FORM  
ALONG WITH THE EMERGENCY CONTACT INFORMATION FORM  
TO THE ADDRESS SHOWN ABOVE**

Make a copy of this form for your records  
You may wish to make copies for your family, physician and/or attorney.

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.

**Please print full name in box:**

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

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

DONOR ADDRESS:

**WITNESS SIGNATURES / ADDRESSES:**

\_\_\_\_\_ 1) \_\_\_\_\_

\_\_\_\_\_

DONOR TELEPHONE NO: \_\_\_\_\_ 2) \_\_\_\_\_

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

DONORS SOC. SEC.NO: \_\_\_\_\_ **DATE:** \_\_\_\_\_

*(Power of Attorney may sign for Donor, but **MUST** attach copy of POA)*

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

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

\_\_\_\_\_ Roman Catholic burial in consecrated ground at Mt. Olivet Cemetery, Kenmore, NY.

\_\_\_\_\_ Return ashes to **Next Of Kin/Cemetery/Funeral Director** (may take up to 2 years)

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

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

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