



ANATOMICAL GIFT PROGRAM
State University of New York at Buffalo
School of Medicine and Biomedical Sciences

TO MAKE A CHANGE IN THE DISPOSITION OF ASHES,
PLEASE COMPLETE THE INFORMATION BELOW
AND RETURN THE ORIGINAL SIGNED FORM TO:

Anatomical Gift Program
SUNY at Buffalo
225 Farber Hall, Bldg. 26
Buffalo, NY 14214-3000

CHANGE/VERIFY DISPOSITION OF ASHES

(Please initial your choice)

Upon completion of your studies:

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

Name: \_\_\_\_\_
Relationship: \_\_\_\_\_
Address: \_\_\_\_\_
Telephone No.: \_\_\_\_\_

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

\_\_\_\_\_ Please hold my cremains for Roman Catholic burial in consecrated ground at Mount Olivet Cemetery, 4000 Elmwood Avenue, Kenmore, NY 14217.

Signature: \_\_\_\_\_
Print Name: \_\_\_\_\_
Address: \_\_\_\_\_
Telephone No.: \_\_\_\_\_
Date: \_\_\_\_\_