

Return of Cremains

If you wish to have your cremains returned to your survivors or to a funeral director, please fill out the information below.

Donor name (please print): _____

Name and address of person or institution to whom cremains should be delivered:

Signature of person requesting return of cremains:

Please return this form to the address listed below.

Department of Cell and Developmental Biology
SUNY Upstate Medical University
750 East Adams Street, Syracuse, NY 13210