

Record of Anatomical Gift Pledge Form

(To be kept by donor, please keep in you safe deposit box or other safe place)

I signed a copy of the statement below and sent it to the Department of Cell and Developmental Biology, SUNY Upstate Medical University, 750 East Adams Street, Syracuse, NY 13210:

“This statement is to certify that I wish my body, at the time of my death, to be transported and delivered to the Department of Cell and Developmental Biology at the SUNY Upstate Medical University, to be used as an unrestricted gift for the advancement of medical education and research. If I am geographically closer to another medical college at the time of death, I am (I am not) willing to have my body delivered there.”

In connection with this pledge, I have received and reviewed the Anatomical Gift Program brochure. I authorize my physician, or hospital, to release my lab reports and patient history relating to illness at time of death should this information be necessary to rule out communicable disease.

The above statement was witnessed by these two persons:

I did (I did not) request that my cremains be returned.

If a return was requested, the following person or institution was designated to receive the cremains:

___ My family agrees with my decision.

The Anatomical Gift Program of the SUNY Upstate Medical University is fully licensed by the New York State Department of Health.

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