UNIVERSITY OF ROCHESTER MEDICAL CENTER ANATOMICAL GIFT PROGRAM
"DECLARATION OF DONATION"

Being of sound mind and body and being 18 years of age or older, I direct that immediately after my death, my body be made available to the nearest medical school for education and/or research, as authorized by Section 4301 of the New York State Public Health Law.

Should my death occur at a hospital or nursing home in Monroe County (New York): I request that the University of Rochester School of Medicine and Dentistry be designated to carry out my directions. In such case, notice should be given promptly, no later than 24 hours following my death, to the Admitting Office of Strong Memorial Hospital, 601 Elmwood Avenue, Rochester, New York, 14642, (585) 275-2270, or the Anatomical Gift Program at the same address (585) 275-2592.

Donating your whole body-making an anatomical gift- is a lasting and valuable contribution to medical education and/or research. Since the intact body is of greatest value for teaching medical specialists and allied health professionals, *no autopsy* should be performed on my body prior to donation. I authorize the UR to perform the embalming and to cremate my body following its use (*most commonly two to two ½ years after death*). On occasion, a portion of the donation may be retained and archived for teaching purposes. The UR shall have the right to transfer my body to another institution legally authorized to receive anatomical gifts for the purpose of medical education. However, my body will be returned to the UR for cremation. ***It is our policy to accept and use as many donor bodies as possible, but circumstances sometimes arise which make it inadvisable for us to accept a donor. You should make alternative arrangements for the disposition of your body in case it is unacceptable to the Medical School.***

A. THE UNIVERSITY OF ROCHESTER CANNOT PAY TRANSPORTATION COSTS IF DEATH OCCURS OUTSIDE MONROE COUNTY. SHOULD MY DEATH OCCUR OUTSIDE MONROE COUNTY (NEW YORK), I DIRECT THE FOLLOWING: (Check ONE of the following two statements)

1. _____ My body be made available to the nearest medical school, and my executor be authorized to pay from my estate any costs for transportation.
2. _____ My executor be authorized to pay from my estate the cost of transportation of my body to the University of Rochester School of Medicine and Dentistry.

B. IF MADE AVAILABLE TO THE UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY, I THE UNDERSIGNED HEREBY GIVE THE UNIVERSITY OF ROCHESTER CREMATORIUM FULL AND COMPLETE AUTHORITY TO CREMATE MY REMAINS AND RELEASE THE UNIVERSITY OF ROCHESTER CREMATORIUM FROM ANY AND ALL LIABILITY ON ACCOUNT OF SAID AUTHORIZATION AND CREMATION. MY REMAINS SHOULD BE DISPOSED OF IN ACCORDANCE WITH THE STATEMENT CHECKED BELOW (Check ONE of the following two statements):

1. _____ Be cremated following the use of my body (most commonly 2 years later), and inter my cremated remains at the burial site of the University of Rochester.
2. _____ Be cremated following the use of my body (most commonly 2 years later) without cost to my estate, and the ashes are made available to my heirs who will assume the cost of burial. My cremated remains should be made available to the person listed below: (Please print):

Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Phone: ( ) _____

Signed by the Donor in ***the presence of the following two people,*** who sign as witnesses (when possible, witnesses should be your legal next of kin, i.e.: spouse, children, sibling, executor named in your will):

[1] Witness: please print clearly all information, then sign and date where designated:

Name _____ Relationship: _____

Address: _____ City: _____

State/Zip: _____ Phone: ( ) _____

Signed: _____ **Date:** _____

[2] Witness: please print clearly all information, then sign and date where designated:

Name _____ Relationship: _____

Address: _____ City: _____

State/Zip: _____ Phone: ( ) _____

Signed: _____ **Date:** _____

Donor Signature: _____ Phone: ( ) _____

Address: _____ Apt. #: _____

City/State/Zip: _____ Date: _____

Revised: 06/02/2017