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 University of Rochester School of Medicine and Dentistry 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 be designated to carry out my directions. No later than 24 hours following my death, the Admitting Office of Strong Memorial Hospital, 601 Elmwood Avenue, Rochester, NY, 14642, (585) 275-2270, or the Anatomical Gift Program (585) 275-2592 must be notified.

Donating your whole body (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, *no autopsy* should be performed on my body prior to donation. A portion of the donation may be retained by the university and photographs and/or videos without identifying features may be collected. The UR shall have the right to transfer my body to another institution that is legally authorized to receive anatomical gifts. However, my body will be returned to the UR for cremation. ***It is our policy to accept and use as many donors as possible, but circumstances sometimes make it inadvisable to accept a donor. You should make alternative arrangements for the disposition of your body in case this occurs.***

A. IF DEATH OCCURS OUTSIDE MONROE COUNTY, THE UNIVERSITY OF ROCHESTER CANNOT PAY TRANSPORTATION COSTS. IN SUCH CASES, I AUTHORIZE MY EXECUTOR TO PAY THE COST OF TRANSPORTATION OF MY BODY TO THE UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY FROM MY ESTATE.

B. BY ELECTING ANATOMICAL DONATION, I GIVE THE UNIVERSITY OF ROCHESTER CREMATORIUM FULL AND COMPLETE AUTHORITY TO CREMATE MY REMAINS (MOST COMMONLY 2 YEARS LATER) AND RELEASE THE UNIVERSITY FROM ANY AND ALL LIABILITY ON ACCOUNT OF SAID AUTHORIZATION. I/WE AUTHORIZE THE UNIVERSITY TO USE AN ALTERNATE STATE APPROVED CREMATORY IF NECESSARY. 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 and inter my remains at the University of Rochester burial site.
2. _____Be cremated following the use of my body 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 *(Required)*: _____Phone: ( ) _____

Address: _____ Apt. #: _____

City/State/Zip: _____ Date:_____