

STATEMENT OF DONATION

As authorized by the provisions of the Public Health Law of the State of New York, any of the following persons, in the order of priority stated, when the persons in prior classes are not available at the time of death, and in the absence of actual notice of contrary indications by the decedent, or actual notice of opposition by any member of classes (a), (b), (c), (d) or (e), may give the decedent's body to a medical school for educational and/or research purposes. Please **circle** the appropriate letter:

- (a) the spouse
- (b) an adult son or daughter
- (c) either parent
- (d) an adult brother or sister
- (e) a legal guardian of the decedent at the time of death
- (f) any other person authorized or under obligation to dispose of the body

The Albany Medical College reserves the right to decline the donation of the remains under conditions where the remains are unsuitable for medical education and/or research purposes.

It is further understood that at times of need, the remains may be transferred to another medical school in New York State for the purposes of medical education and/or research, unless I have notified the College otherwise, in writing.

Having read and understood the preceding conditions and affirming that they have, or can be complied with, I direct that the body of:

Name _____ **Age** _____
Date of birth _____ **Social Security #** _____
Address prior to death _____

be delivered to the Albany Medical College within 24 hours after death to be used for the purposes of medical education and/or research purposes.

Following their use for medical education and/or research purposes (approximately 12 to 24 months), all bodies are cremated individually. Two plans are available concerning the disposition of the cremains. Please choose one of the following procedures by checking in the appropriate box(es) below:

<input type="checkbox"/> I would like the cremains interred in Albany Medical College plots at: <input type="checkbox"/> Albany Rural Cemetery, Menands or <input type="checkbox"/> St. Agnes Catholic Cemetery, Menands Please notify the following individual(s) of the memorial and interment services: Name _____ Address _____ Telephone _____	<input type="checkbox"/> I would like the cremains returned to the individual listed below: Relationship to you _____ Name _____ Address _____ Telephone _____
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Signature _____ **Date** _____
Relationship to decedent _____

Witness _____ **Witness** _____

Both forms should be completed and signed. **Both** forms should be **returned** to the Anatomical Gift Program (MC-135), Albany Medical College, 47 New Scotland Ave., Albany, NY 12208.

Albany Medical College - Anatomical Gift Program (518) 262-5379, Fax (518) 262-5136