

—AFFIDAVIT—

PART I To be completed by the donor, or if after death, by next of kin or executor.

I, _____, being of age 18 or over and of sound mind, residing at

_____ hereby donate my body (or the body of _____, recently deceased), to Weill Cornell Medical College to be used for the purposes of health science education, health science research or advancement of medical therapy. No elective autopsy may be performed nor organs removed nor may the body be embalmed prior to delivery to the Medical College.

Date _____

Signature _____

1 st Witness Name _____
Address _____ _____
Phone _____
Signature _____

2 nd Witness Name _____
Address _____ _____
Phone _____
Signature _____

PART II To be completed by donor, or if after death, by next of kin or executor. When anatomical examination of _____ is complete, I hereby authorize final disposition of the remains by the option checked and signed below. (Choose A, B, or C.)

- A. Cremation by Weill Cornell Medical College at no expense to the family or estate and ashes returned to: Name: _____
Address: _____
- B. Cremation by Well Cornell Medical College at no expense to the family or estate and ashes scattered by Weill Cornell Medical College
- C. A private burial or cremation with the cost to be borne by the family or estate at no expense to Cornell University.

Date _____

Signature _____