

—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 _____

1st Witness
Name _____
Address _____
Phone _____
Signature _____

2nd 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 _____

Vital Statistics

1. Full Legal Name: _____

2. Legal home address: _____

3. Phone Number: (_____) _____

4. Date of Birth: (MM/DD/YYYY): ____ / ____ / ____

5. Place of Birth: City _____ State _____ Country: _____

6. Social Security Number: _____

7. Marital Status: Single _____ Married _____ Widowed _____ Divorced _____ Domestic Partnership _____

Other (*specify*) _____

8. Full Name of Spouse: _____
(*include maiden name*)

9. United States Veteran: Yes _____ No _____ If Yes, years served: _____

10. Race/Ethnicity: _____ Hispanic: Yes _____ No _____

11. Highest level of Education: _____

12. Current or last occupation: _____

13. Industry: _____

14. Name and locality of employer: _____

15. Father's full name: _____

16. Mother's full name: _____
(*include maiden name*)

17. Known Medical Conditions:

18. Next of Kin or Executor: _____ Relationship: _____

Legal home address: _____

Phone Number: (_____) _____

SIGNATURE: _____ DATE: _____