STATE OF NEW YORK **CITY OF NEW YORK**

—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 Medicine 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.

1st Witness	2nd Witness
Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
Signature _____	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 Medicine at no expense to the family or estate and ashes returned to: Name: _____
Address: _____
_____

B. ☐ Cremation by Well Cornell Medicine at no expense to the family or estate and ashes scattered by Weill Cornell Medicine

C. ☐ A private burial or cremation with the cost to be borne by the family or estate at no expense to Weill Cornell Medicine.

PART III. Information regarding your Name and Health may be released for educational purposes. **(Chose one of the following choices)** ☐ **Accept** **or** ☐ **Decline**

Date _____ **Signature** _____

Vital Statistics

1. Full Legal Name: _____

2. Legal home address: _____

3. Phone Number: (_____)_____ **Email:** _____

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:** _____