



# NEW YORK MEDICAL COLLEGE

A MEMBER OF THE YONK COLLEGE AND UNIVERSITY SYSTEM

## School of Medicine

Department of Cell Biology and Anatomy

Body Bequeathal Program - Confidential Statistical Information

Name	
Address	
Telephone Number(s)	Sex:
Date of Birth	Place of Birth
Race	Are you of Hispanic Origin?
Father's name	Mother's name (do NOT include maiden name)
Occupation (prior to retirement):	
Name of Business:	
Industry:	Location:
Veteran: YES / NO if YES: dates, conflicts served:	Last School grade completed
Marital Status:	Spouse's Name:
Spouse's Address & Telephone # (if different from yours)	
Name of Closest Relative:	
Address:	
Telephone #:	Relationship to you:
Request for Ashes to Be Returned: YES / NO If ashes are to be returned, who should receive them? Name: Address:	(Ashes become available approximately two years after death)
Telephone #:	Relationship to you
email address:	

Is there anything else you would like to share with our students? (e.g. hobbies, religion, achievements).  
Feel free to use the back of this sheet, or include additional sheets.

Signature

Date

*Thank you for your donation!*