



**NEW YORK MEDICAL COLLEGE**

A MEMBER OF THE Touro College and University System

**School of Medicine**

**CERTIFICATE FOR BEQUEATHING BODY**

*Department of Cell Biology and Anatomy*

*15 Dana Road, Valhalla, NY 10595*

*(914) 594-4025*

I hereby bequeath and donate my own body, following my death, without autopsy or embalming, to New York Medical College, for medical study and research.

**OR**

I hereby direct that the body of \_\_\_\_\_ recently deceased, be delivered to New York Medical College, for medical study and research. Such delivery is to be made without autopsy or embalming.

**PROCEDURE AT TIME OF DEATH:** New York Medical College must be contacted to arrange transportation. The telephone number to call is:

**(914) 594-4025 or (845) 735-4849**

**ALTERNATIVE ARRANGEMENTS:** The College has the right to decline a donation due to recent surgery, autopsy, infectious disease, decomposition, or obesity.

**DISPOSITION OF THE REMAINS:** New York Medical College will arrange for cremation of the remains. Cremains may be returned to a next-of-kin, or to a funeral director. If you so choose, the cremains may be interred in the medical school's crypt in Ferncliff Cemetery, in Hartsdale, NY.

Name \_\_\_\_\_ Relationship to Donor \_\_\_\_\_  
(Print) (i.e. self, spouse, etc.)

Address \_\_\_\_\_

City/State \_\_\_\_\_

Signature \_\_\_\_\_ Dated \_\_\_\_\_

Witness \_\_\_\_\_  
(Print)

Witness \_\_\_\_\_  
(Print)

Address \_\_\_\_\_

\_\_\_\_\_

City/State \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

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