



CERTIFICATE FOR BEQUEATHING BODY
Department of Cell Biology and Anatomy
Valhalla, NY 10595
(914) 594-4025

I hereby bequeath and donate my own body, following my death, without autopsy or embalming, to Touro College of Dental Medicine, for medical study and research.

OR

I hereby direct that the body of _____ recently deceased, be delivered to Touro College of Dental Medicine, 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: Touro College of Dental Medicine 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 school of medicine'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 _____
