

# Columbia University College of Physicians & Surgeons Anatomical Donor Program

## Required Affidavits for the Donor

### INTENT OF ANATOMICAL DONATION (signing must be witnessed):

I, \_\_\_\_\_, residing at \_\_\_\_\_, in the City of \_\_\_\_\_, in the County of \_\_\_\_\_, in the State of \_\_\_\_\_, hereby give my body after death to the **College of Physicians & Surgeons of Columbia University** to be used for the purposes of education, research and advancement of medical science. I further direct that my body be delivered immediately after my death to the above institution for the above named purposes. **Columbia University** will arrange for transportation and embalming if your body is within the Greater New York Metropolitan Area (60 miles from Manhattan). **Columbia University** reserves the right to decline a donation should the body be considered unsuitable for teaching and study, such as if your body harbors a communicable disease, is morbidly obese or emaciated, has limbs in a contracted position such as the fetal position, or has had an autopsy or recent open surgery that has not healed.

Date \_\_\_\_\_ Donor Signature \_\_\_\_\_

\_\_\_\_\_  
Signature of First Witness

\_\_\_\_\_  
Signature of Second Witness

\_\_\_\_\_  
Address of First Witness

\_\_\_\_\_  
Address of Second Witness

### CREMATION AUTHORIZATION (signing must be notarized):

When the remains of my body cease to be of use to the **College of Physicians & Surgeons of Columbia University** (usually within two years), I, \_\_\_\_\_, hereby direct that cremation of the remains of my body be carried out by **Columbia University**.

Date \_\_\_\_\_ Donor Signature \_\_\_\_\_

Sworn to me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public or Commissioner of Deeds