



*School of Medicine
Department of Anatomical Sciences*

LETTER OF INFORMATION

Dear Donor:

Thank you for your interest in the Anatomical Donation Program of the Department of Anatomical Sciences at the University at Stony Brook School of Medicine. Your decision to donate your body to medical research and teaching is greatly appreciated and will contribute toward the advancement of medical science and education.

Instructions

1. Return all forms to the Department of Anatomical Sciences. These include:

Gift Form - signed by donor and witnessed by two others

Release Form - signed by donor and witnessed by two others. If donor is unable to personally sign, this form may be signed by a next-of-kin, guardian or estate executor

Personal Data Form - The information contained on this form is required for filing of the death certificate.

Medical History - Due to its educational value, space has been provided on the Personal Data Form for a brief medical history.

Social Security Benefits Form - (This form only applies to those donors who have either a surviving spouse or dependent under the age of 18). Although there is no fee for our services, the Department of Anatomical Sciences requests that when the Social Security Death Benefit of \$255 is available, the next-of-kin make a donation of this amount to the Department to help defray our expenses.

Veterans Administration Form - (This form only applies to those veterans who have a service connected disability, are receiving a Veterans pension or when death occurs in a Veterans Administration Facility). A V.A. transportation benefit may be claimed by the Department of Anatomical Sciences. These benefits would otherwise remain unclaimed, since the family incurs no expense for transportation. If this form applies to you please attach a copy of your discharge papers (DD-214).

The completion and submission of these forms does not constitute a legal contract in any way. The donating of one's body after death is taken simply as an expression of one's personal desire; he or she is simply making a prior arrangement (**NOT COMMITMENT**) with an institution which would be complying with these wishes. The donor may change his/her mind at any time. Should the donor wish to make his/her wish a legal requirement, this may be done by adding a codicil to his or her Will as follows: *I hereby direct that after my death my body shall be delivered to the Department of Anatomical Sciences, Health Sciences Center at the State University of New York at Stony Brook, for purposes of medical study or research. I further direct that my body shall be delivered to said school as soon as possible after my death without autopsy or embalming.*

**THE FOLLOWING INFORMATION IS DIRECTED TO THE FAMILY
AT THE TIME OF DEATH**

At the time of the donor's death either the attending physician, family member, hospital or other attendant should call (631) 444-3111. This telephone number is answered 24 hours including weekends and holidays.

Should the family desire the return of ashes after such time as the Department of Anatomical Sciences has completed utilization of the body, we must be advised of this fact as soon as possible after death of the donor. Notification will be given to the family as to the approximate date when studies will be completed so that the family may know in advance when to expect the return of the remains.

Should you or any member of your family need additional information, or should anyone wish to discuss other aspects of our program, please do not hesitate to contact the Department of Anatomical Sciences at 631-444-3111.

Again, we wish to thank you for your interest in our program.

Yours sincerely,

William L. Jungers, Ph.D.
Professor and Chairman

ANATOMICAL GIFT FORM

I am over 18 years of age and of sound mind. I wish to make an anatomical gift of my entire body to the State University of New York at Stony Brook, Town of Brookhaven, Suffolk County, State of New York, for use in the Department of Anatomical Sciences, Health Sciences Center, for purposes of medical study and research. I further direct that delivery of my remains be made as soon as possible after death without autopsy or embalming.

Date of Birth _____ Social Security Number _____
(Month/Day/Year)

Printed Name _____ Signature _____

Date Signed _____ Telephone _____

Address _____

Relationship _____

Witness:

Signature _____ Date _____

Printed Name _____ Relationship to donor
(If any): _____

Address _____ Telephone: _____

Witness:

Signature _____ Date _____

Printed Name _____ Relationship to donor
(If any): _____

Address _____ Telephone: _____

I understand that any remains not used by the Department of Anatomical Sciences may be forwarded to other medical and research facilities as designated by the Administration of the Health Sciences Center, State University of New York at Stony Brook.

Completed forms to be returned to:

Department of Anatomical Sciences
School of Medicine
Health Sciences Center, T-8 Room 040
State University of New York at Stony Brook
Stony Brook, NY 11794-8081

RELEASE FORM

I hereby release the remains of _____ to the State University of New York at Stony Brook, Town of Brookhaven, Suffolk County, State of New York, for use in the Department of Anatomical Sciences, Health Sciences Center, under stated conditions of donation for medical education and research. I understand that any remains not used by the Department of Anatomical Sciences may be forwarded to other medical and research facilities as designated by the administration of the Health Sciences Center, State University of New York at Stony Brook.

All remains are cremated when studies are complete. Individual caskets are provided, and the University assumes the cost of cremation. While such return may not be possible in less than two years, request should be made at the time of death. I hereby authorize the Department of Anatomical Sciences to cremate the remains.

Printed Name _____

Signature _____

Date Signed _____ Telephone _____

Address _____

Relationship _____

Witness:

Signature _____

Date _____

Printed Name _____

Relationship to donor
(If any): _____

Address _____

Telephone: _____

Witness:

Signature _____

Date _____

Printed Name _____

Relationship to donor
(If any): _____

Address _____

Telephone: _____

The Release Form must be signed by the spouse, next of kin or the estate executor. It may be sent to the address below, or it may be retained by the family. It must be available at the time of death to complete arrangements for donation.

Completed forms to be returned to:

Department of Anatomical Sciences
School of Medicine
Health Sciences Center, T-8 Room 040
State University of New York at Stony Brook
Stony Brook, NY 11794-8081

PERSONAL DATA:

FULL NAME _____ SOCIAL SECURITY NUMBER ____/____/____

ADDRESS: _____ EDUCATION _____

Street _____

City/Village _____

Town/County _____

DATE OF BIRTH _____ CITY & STATE OF BIRTH _____

COUNTRY OF BIRTH IF OTHER THAN U.S. _____

FATHER'S NAME _____ MOTHER'S MAIDEN NAME _____

CURRENT MARITAL STATUS _____ SPOUSE MAIDEN NAME _____

VETERAN ____ YES ____ NO BRANCH OF SERVICE _____

USUAL OCCUPATION _____ TYPE OF BUSINESS _____

(Do not enter retired)

NAME AND LOCALITY OF WORKPLACE _____

MEDICAL HISTORY: *(Please list only major illnesses and medical procedures)*

SOCIAL SECURITY BENEFITS

The Department of Anatomical Sciences requests that when Social Security benefits for burial and cremation are available, they be claimed and contributed to the University to help defray the expenses incurred for filing death certificate and transportation and cremation permits, through our contractual arrangements with a funeral director.

The University does not wish to deprive the family of the deceased person from receiving the lump sum death payment, therefore, we will only request Social Security reimbursement for expenses actually incurred, never to exceed the total lump sum death benefits payable (\$255.00).

This form must be signed by your spouse and returned to the address below, or it may be retained by the family. It should be made available at the time of death to complete arrangements for donation.

Department of Anatomical Sciences
School of Medicine
Health Sciences Center
State University of New York at Stony Brook
Stony Brook, New York 11794

Signed _____

Address _____

SOCIAL SECURITY BENEFITS

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The University does not wish to deprive the family of the deceased person from receiving the lump sum death payment, therefore, we will only request Social Security reimbursement for expenses actually incurred, never to exceed the total lump sum death benefits payable (\$255.00).

This form must be signed by your spouse and returned to the address below, or it may be retained by the family. It should be made available at the time of death to complete arrangements for donation.

Department of Anatomical Sciences
School of Medicine
Health Sciences Center
State University of New York at Stony Brook
Stony Brook, New York 11794

Signed _____

Address _____

VETERANS ADMINISTRATION BENEFITS

When Veterans death benefits are available, we request that the Department of Anatomical Sciences be given permission to claim for transportation and cremation costs. These benefits are only payable when costs are incurred and would otherwise remain unclaimed. The plot/interment allowance may be claimed at a later date by the family. In addition, the following information is needed:

1. Do you have a service connected disability?
2. Was service period during time of war?
3. Was discharge from active duty due to injury incurred in line of duty?
4. Are you currently receiving disability compensation or military retirement pay?
5. Have you ever served under a name other than that shown on your DD-214.

Veterans must attach a copy of their DD-214 forms.