



Instructions for Whole Body Donation

To participate in our Whole Body Donation Program for Medical Research and Education contact T L C @ (800) 526- 5761 or (516) 599- 0041 at the time death occurs. T L C (Taglia, Lysak & Co.) are our licensed Funeral Directors and will handle all the details necessary to bring the deceased to our facility. We hold T L C in the highest regard and know they will handle all aspects of the transportation of your loved one with the utmost dignity and respect. You can contact them anytime of the day or night, regardless of whether or not the death occurred in a hospital, health care facility or home. They will also handle the acquisition of all the proper paper work, and will be contacting you for the deceased's statistical information. This service is of no cost to you with these exceptions:

- if the death occurs outside the five boroughs of New York City or the two counties of Long Island
- copies of Certified Death Certificates. Certified Death Certificates are issued by the Department of Health and are \$15.00 each if the death occurred within one of the five boroughs of New York City and \$10.00 each if the death occurred at any other location in New York State. You will be informed of the fees for states other than New York.

We suggest that you keep these instructions in a place where the next of kin to the deceased will have access to them.

If you have any questions, please do not hesitate to contact me directly at (718) 270 1419.

Sincerely,

Michael McGillicuddy
Licensed Funeral Director
Gross Anatomy Supervisor
SUNY Downstate Health Sciences University



ANATOMY/CELL BIOLOGY

PERSONAL DATA:

Full Name _____ Social Security Number ____/____/____

Address: Street _____

City/Village _____ State _____ Zip Code _____

Phone # _____ Email address _____

Education Level: Grammar School _____ HS _____ AS _____ BS _____ PHD _____

Date of Birth _____ City & State of Birth _____

Country of Birth if other than U.S. _____

Father's Name _____ Mothers Name (Maiden) _____
(first & last)

Current Marital Status _____ Spouse Name (Maiden) _____
(first & last)

Veteran: No _____ Yes _____ Branch of Service _____

Usual Occupation _____ Type of Business _____
(Do not enter retired)

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



DEPARTMENT OF ANATOMY/CELL BIOLOGY
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 State University of New York at Downstate, City of Brooklyn, Kings County, State of New York, for use in the Department of Anatomy/Cell Biology 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.**

Printed Name _____ Signature _____

Date of Birth _____ Social Security # ____/____/____

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 Anatomy/Cell Biology may be forwarded to other medical and research facilities designated by the Administration of State University of New York at Downstate

Complete forms to be returned to: SUNY Downstate
Anatomical Gift Program
Box 5
450 Clarkson Avenue
Brooklyn, NY 11203