

## Return of Cremains

☐ **Please check this box if cremains are NOT to be returned.**

For return of cremains, please fill out that information below.

Donor name (*please print*): \_\_\_\_\_

Name of person or institution to whom cremains should be delivered:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: 

--	--	--

 - 

--	--	--

 - 

--	--	--	--

area code

city

state

zip

Relationship to Donor: \_\_\_\_\_

## Correspondence

**To whom should all correspondence be directed after death:**

☐ Check here if information above is the same.

Name (*please print*): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: 

--	--	--

 - 

--	--	--

 - 

--	--	--	--

area code

city

state

zip

Relationship to Deceased: \_\_\_\_\_

**UPSTATE**  
MEDICAL UNIVERSITY