

## DONATION OF BODY TO THE BODY DONATION PROGRAM

I wish to donate my body or the body of another to \_\_\_\_\_, School of Medicine, for the advancement of medical science. I authorize my agent to notify my funeral director as soon after death as possible to allow for processing. I authorize my funeral director, upon receipt of my body, to notify the American Anatomical Transport Body Donation Program at (800) 207-2703 and to follow instructions from our staff. Body Donation Program offices are open Monday through Friday, 9:00 a.m. to 5:00 p.m., but are closed evenings and weekends. However, our telephone line is manned 24 hours a day. The estate of the deceased assumes all funeral home costs. If you are an agent acting on behalf of a donor, please fill out the form and sign below as indicated. Direct all questions to American Anatomical Transport Body Donation Program at (800) 207-2703.

### DONOR INFORMATION

Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Veteran: \_\_\_\_\_  
Service & Serial Number Claim Number: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
Method of Disposition: \_\_\_\_\_ Place of Disposition: \_\_\_\_\_

**Note: There may be a more comprehensive body donation form required to be signed by donor or representative.**

### AUTHORIZATIONS (Please read carefully and check where appropriate):

- I authorize American Anatomical Transport, Inc. to transfer my body to an authorized Medical School for anatomical education or research. My remains will be returned to \_\_\_\_\_ for final disposition.
- I have provided my funeral director with an alternate plan should \_\_\_\_\_ be unable to accept my remains at the time of death.

### DISPOSITION OF REMAINS

I HEREBY DIRECT AND AUTHORIZE THE RELEASE/DELIVERY OR SHIPMENT OF SAID REMAINS AS FOLLOWS (choose and initial one of the following):

Initial \_\_\_\_ Do not cremate my remains. Release my body to \_\_\_\_\_ Funeral Home.  
(I understand there may be a charge for this service at the funeral home)

Initial \_\_\_\_ Cremate my remains and deliver to \_\_\_\_\_ cemetery for the purpose of internment. (I understand there may be a charge for this service at the cemetery)

Initial \_\_\_\_ Cremate my remains and bury them at sea as dictated by maritime law. (there is no charge for this service)

Initial \_\_\_\_ cremate my remains and return ashes. (there is no charge for this service)

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## Donor Signature

\_\_\_\_\_  
Donor Name

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Signature of Donor (or Agent)

\_\_\_\_\_  
Date

## Witness Signatures

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Two witnesses, preferably close relatives, must sign this form indicating their willingness to abide by the donor's wishes to donate his/her body.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Date