

ANATOMICAL GIFT CONSENT AND RELEASE OF ASHES

PART 1: ANATOMICAL GIFT CONSENT

I hereby instruct that my body be turned over immediately after death to the Wright State University Boonshoft School of Medicine Anatomical Gift Program. I have read the Anatomical Gift Program brochure and reviewed the policies regarding my donation. By signing this form, I acknowledge and understand the Anatomical Gift Program has complete discretion to accept or reject my body for donation. It is possible I may not be accepted into the program at the time of my death.

TWO people must witness your signature below. The witnesses must be 18 years of age and not be related to you by blood, marriage, or adoption. Both witnesses MUST be present at the time of your signature.

Donor Signature _____ Date _____ Telephone Number _____

Witness Signature _____ Date _____

Witness Signature _____ Date _____

PART 2: RELEASE OF ASHES

If you are accepted into the program at the time of your death, your remains will be cremated when anatomical study of your body has been completed. Please check one of the following boxes:

I hereby instruct that after cremation my ashes be released to the Anatomical Gift Program and buried in Rockafeld Cemetery at Wright State University.

OR

I hereby instruct that after cremation my ashes be released to the person listed below. I understand that if the person listed below cannot be located after reasonable effort by the staff of the Anatomical Gift Program, my ashes will be buried in Rockafeld Cemetery at Wright State University.

Name of Person to Whom Ashes will be Released _____ Telephone Number _____

Street Address _____ City/State _____ Zip Code _____