

**NORTH CAROLINA COMMISSION OF ANATOMY
DONATION OF ANATOMICAL GIFT BY RELATIVE OF DECEASED**

In the hope that others will benefit, I hereby donate the body or part(s) of _____

(deceased) who died at _____ (location) in _____

(city, state, zip) on _____ (date) as follows:

(Leave blank if death has not occurred)

I give the entire body for anatomical study to the **Department of Funeral Service Education at Fayetteville Technical Community College** in Fayetteville, N.C.

I consent to and authorize the removal of any blood and tissue samples (including spleen) needed for any laboratory tests required in the performance of any examination in necessary to assure medical anatomical acceptability of the gift for the purposes intended. I further authorize the release of all donor medical records.

I make this donation as _____ (relationship) of the deceased and in conformity with Chapter 130A, Article 16, Part 3 of the North Carolina General Statutes, otherwise known as the Anatomical Gift Act. I have no knowledge of contrary indications by the deceased, and I know of no opposition by a member of the same or a prior class (spouse, adult son or daughter, either parent, adult brother or sister, guardian, or any other person authorized or under obligation to dispose of the body, in this order).

THE FAMILY DOES ____ or DOES NOT ____ WISH TO HAVE THE CREMATED REMAINS RETURNED TO THEM.

(Witness) _____

(Witness) _____

(Date) _____

(Signature) _____

(Name) _____

(Address) _____

(City, State, Zip) _____

(Telephone) _____

FILL IN BOTTOM ONLY IF MEDICAL EXAMINER CASE

MEDICAL EXAMINER CONSENT FOR ORGAN/TISSUE PROCUREMENT

On (date) _____ at (time) _____ I contacted (medical examiner) _____ who is the medical examiner having jurisdiction in this case and who expressed no objection to the donation or procurement of organs or tissues, except as may be described below.