



Body Donation Program

CB# 7520 UNC, Chapel Hill 27599

Phone (919)966-1134

Fax (919)966-6354

**CERTIFICATE FOR BEQUEATHING BODY
BY NEXT-OF-KIN**

In compliance with the Uniform Anatomical Gift Act of the North Carolina General Statutes please complete:

As next -of-kin*, as defined in N.C.G.S. § 130A-404, I _____
(print name)

hereby donate the unembalmed body of _____ to The University
of North Carolina School of Medicine's Body Donation Program for scientific study and
research.

Medical Information Release:

I hereby authorize the release of the deceased's _____ Protected
Health Information to UNC School of Medicine and its Body Donation Program and the
applicable crematory in order that it may facilitate the donation of his/her body and
cremation of his/her remains. In addition, I give the Body Donation Program permission to
release the deceased's medical information to their faculty, staff, and applicable crematory
when needed in order to facilitate the preparation and study of the deceased's remains and
cremation.

Disposition of ashes:

Upon completion of studies the remains will be reduced to ashes (cremated) and the ashes
will be returned to me.

***Definition of Next-of-Kin:**

North Carolina General Statutes (130A.404) defines next-of kin in this order as: (1) The
spouse; (2) An adult child; (3) Either parent; (4) An adult sibling; (5) A guardian of the
person of the decedent at the time of the decedent's death; or (6) Any other person
authorized or under obligation to dispose of the body.

Signature: _____ Date: _____

Relationship to Donor: _____

Address: _____

City, State, and ZIP: _____ Birth Date: _____

SSN _____ - _____ - _____

You are strongly encouraged to provide your Social Security Number (SSN) here so that the University can accurately and timely comply with Federal, State and/or local government agency reporting requirements, such as to the North Carolina Vital Records Office and to the Social Security Administration. Submission of your SSN on this form is voluntary, however.

Signature of (1) Witness

Address (city, state, and Zip)

Signature of (2) Witness

Address (city, state, and Zip)

INSTRUCTIONS

This form should be executed in duplicate. The donor keeps a copy, and the original copy should be sent to:

University of North Carolina School of Medicine
Body Donation Program
CB# 7520
Chapel Hill, School of Medicine
Chapel Hill, North Carolina 27599-7520

At the time of death, notify the University of North Carolina School of Medicine's Body Donation Program to arrange transfer of the body to Chapel Hill, NC. For this purpose, telephone:

**Regular working hours:
(Monday through Friday,
8:00am to 5:00pm)**

**Anatomical Materials Curator
University of North Carolina
School of Medicine's Body
Donation Program
CB# 7520
Chapel Hill, NC 27599-7520
(919 966-1134)**

**After working hours, weekends,
and holidays:**

**Call (919) 966-1134 and follow
the instructions**