

CERTIFICATE OF BEQUEATHAL (PDF)

This is not a contract

Body Donor Program

University of Utah School of Medicine
Department of Neurobiology
and Anatomy

SIDE A

To be completed when arranging your own body donation

SIDE B

Complete side B when donating a body other than self.

Designation of Cremains

Please designate your desire for the disposition of cremains upon completion of use for medical education and research **(please check one)**

Print Full Legal Name

Print Your Full Legal Name

(1) University Donors Plot at Salt Lake City Cemetery_____

Street Address

Street Address

(2) Return to Family_____ Via Certified mail with return receipt **(If checked here complete below)**

City State Zip

City State Zip

I hereby donate my body to be delivered after death to the University of Utah School of Medicine for legitimate purposes of medical study and research. I stipulate such delivery be made as soon as possible. I am aware certain physical conditions at death may prohibit the Department of Neurobiology and Anatomy from accepting some anatomical gifts.

I hereby donate the body of _____ for the purpose of legitimate medical study and research, to the University of Utah School of Medicine. I stipulate such delivery be made as soon as possible. I am aware that certain physical conditions at death may prohibit the Department of Neurobiology and Anatomy from accepting some anatomical gifts. I further state that I am the legal representative of the above body donor.

Name

Address

City State Zip

() _____
Telephone Number

(3) Family will pick up cremains in the Department of Neurobiology and Anatomy Office. _____ **(If checked here complete below)**

Signed Date

Signed Date

Witness

Relationship to Donor

Name

Witness

Address

City State Zip

(OVER)

() _____
Telephone Number

