

MICHIGAN STATE  
UNIVERSITY

NEXT OF KIN DONATION FORM

Date \_\_\_\_\_

I (We) \_\_\_\_\_,

bearing the relationship of \_\_\_\_\_

to (deceased) \_\_\_\_\_

hereby authorize the Medical Schools at Michigan State University to use the body of \_\_\_\_\_ for the advancement of medical science, teaching and study. This donation is authorized for: \_\_\_ Up to 3 years, \_\_\_ 3 Years or longer.

Birth date of deceased \_\_\_\_\_

Social Security Number of deceased \_\_\_\_\_

City/State of Birth of deceased \_\_\_\_\_

FATHER'S NAME - First Middle Last \_\_\_\_\_

MOTHER'S NAME - First Middle Maiden \_\_\_\_\_

**Please select either University or private burial and check appropriate space:**

**CREMATION AND UNIVERSITY BURIAL (At University Expense):**

\_\_\_\_\_ I wish the cremated remains to be buried in the University burial lot at East Lawn Memory Gardens in Okemos, Michigan. Please notify me of the date and time of the service.

\_\_\_\_\_ I wish the cremated remains to be buried in the University burial lot at East Lawn Memory Gardens in Okemos, Michigan. I do not wish to be notified of the service.

**CREMATION (At University Expense) AND PRIVATE BURIAL (At Family Expense):**

\_\_\_\_\_ Ship the cremated remains by registered mail to (please print):

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

\_\_\_\_\_ I will pick up the cremated remains at the Willied Body Program Office.

**INDIVIDUAL(S) AUTHORIZING DONATION AND BURIAL: (use back of form if necessary)**

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Witness (1) \_\_\_\_\_

Witness (2) \_\_\_\_\_

**The original copy of this form must accompany the body to:**

Director, Anatomical Resources, Division of Human Anatomy, Central Fee Hall, 939 Fee Road, Michigan State University, East Lansing, MI 48824-1316



**WILLED BODY PROGRAM**

**RADIOLOGY  
Division of Human  
Anatomy**

Central Fee Hall  
939 Fee Road, Room E206  
East Lansing, MI 48824

517-353-5398  
Fax: 517-432-2443  
anatomy.msu.edu