

NEXT OF KIN DONATION FORM

Date: _____

I (We): _____ bearing the relationship of: _____
to (deceased): _____ hereby authorize the Division of Human Anatomy at
Michigan State University to use the body of the deceased named above for the advancement of medical science, teaching, and study.

1. DONATION TIMELINE AUTHORIZATION

This donation is authorized for: ☐ Up to 3 years ☐ 3 Years or longer

2. VITAL STATISTICS OF THE DECEASED

Birth Date _____ Social Security Number _____ City / State of Birth _____

Father's Name (First, Middle, Last) _____

Mother's Name (First, Middle, Maiden Last) _____

3. DISPOSITION AND BURIAL PREFERENCES

☐ **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.

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

☐ I will pick up the cremated remains at the office. ☐ Ship cremated remains by USPS to individual below:

Recipient Full Name (Please Print) _____ Street Address _____ City, State, Zip Code _____

4. ANNUAL MEMORIAL SERVICE PREFERENCES

☐ Please notify me of the date and time of the service. ☐ I do not wish to be notified of the service.

_____ I authorize the MSU Willed Body Program to print my loved one's full name in the Memorial Service Program and slide show during the
(Initial) service.

5. LEGAL NEXT OF KIN SIGNATURES & WITNESSES

LEGAL NEXT OF KIN AUTHORIZING DONATION

Signature _____

Primary Print Name _____

Address (City, State, Zip) _____

Phone _____

Co-Authorizing Individuals (If applicable):

1. Co-Authorizer Print Name & Signature _____

2. Co-Authorizer Print Name & Signature _____

3. Co-Authorizer Print Name & Signature _____

WITNESS ATTESTATION (TWO REQUIRED)

Witness 1

Witness (1) Printed Name _____

Witness (1) Signature _____

Witness 2

Witness (2) Printed Name _____

Witness (2) Signature _____

*** THE ORIGINAL COPY OF THIS FORM MUST BE MAILED TO THE BELOW ADDRESS ***

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