MICHIGAN STATE UNIVERSITY

Willed Body Program
Division of Human Anatomy
Department of Radiology

# NEXT OF KIN DONATION FORM

Date_____

I (We) _____

bearing the relationship of _____

to (deceased) _____

hereby authorize the Division of Anatomy 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 the Deceased | Social Security Number of the Deceased | City/State of Birth of the Deseased |
|---|---|---|

| Father's name- First | Middle | Last | Mother's name- First | Middle | Last |
|---|---|---|---|---|---|

## 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.

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

☐ I will pick up the cremated remains at the Willed Body Program Office.

☐ Ship the cremated remains by United States Postal Service to the individual indicated:

Name (please print)_____

Address_____

City, State and Zip Code_____

**ANNUAL MEMORIAL SERVICE**

☐ Please notify me of the date and time of the service.

☐ I do **not** wish to be notified of the service.

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

## 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) Signature | Witness (2) Signature |
| Witness (1) PRINT | Witness (2) PRINT |

***The original copy of this form must be sent to:***

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


**WILLED BODY PROGRAM**

**Division of Human Anatomy**
***Department of Radiology***

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

517-353-5398

Fax: 517-884-9540
www.anatomy.msu.edu