



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 United States Postal Service to the individual indicated: **NOTE: A \$75 fee will be assessed for all shipments.** Payment must be collected prior to shipment. The signature of an adult will be required upon delivery; please plan accordingly.

Name (please print) _____

Address _____

City, State and Zip Code _____

_____ I will pick up the cremated remains at the Willed 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 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