



**DONATION FORM – PLEASE PRINT OR TYPE**

(Mrs.)

(Mr.)

I, (Ms)

\_\_\_\_\_  
(PLEASE CIRCLE ONE) (NAME) FIRST MIDDLE LAST SOCIAL SECURITY NUMBER

being of sound mind and disposition, and desiring to be of service to my fellow man, do hereby donate and bequeath my body upon my demise to be used, in whatever manner appropriate, for the training of medical personnel and the advancement of medical science through education and research.

I further direct that my next of kin or Executor immediately telephone the Anatomical Gift Program of Parker University Dallas, Texas 214-902-3473, to arrange for removal of my unembalmed remains.

I authorize the Anatomical Board of the State of Texas to transport the willed/donated body herein described out of the State of Texas in the event that the holding institution and the Executive Secretary of the Board have determined that an excess of bodies for scientific uses currently exists in the State of Texas.

I understand that Parker University will transport and prepare the remains, if accepted, for education and research. It is also understood that if death occurs more than 250 miles from Parker University, the transportation beyond this distance must be paid by the next of kin or the executor of estate. The cost will be \$1.75 per mile. I hereby instruct my representative to make necessary transportation arrangements or authorize that my body be delivered to a closer institution approved by the Anatomical Board.

I understand that Parker University reserves the right to decline a body that has been embalmed, in addition, I understand that I cannot be guaranteed that my body will be acceptable at the time of death, if I am morbidly obese or have a contagious disease (e.g. HIV, Hepatitis, TB, etc.), that my body will not be acceptable for the Anatomical Gift Program. If the Anatomical Gift Program is unable to use my body for these reasons, my survivors will need to make other arrangements for the final disposition of my body and the Anatomical Gift Program is not responsible for any costs associated with other arrangements.

I hereby relinquish all rights and claims regarding hereon described body, by any person whatsoever, and direct that in accepting and using this body for scientific purposes, and disposing of the body, both the Anatomical Board of the State nor the receiving institution shall incur any liability, and no claim shall arise against the institution in any manner.

Complaints or inquiries regarding a willed or donated body should be directed to the Executive Secretary of the Anatomical Board of the State of Texas. The name and address of this individual may be obtained from the institution to which the body was, or will be, delivered and is listed in the Texas State Telephone directory.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip Code Country

Telephone – Home

Telephone – Work

**WITNESSED BY:**

\_\_\_\_\_  
Signature (NEXT OF KIN, IF POSSIBLE)

\_\_\_\_\_  
Signature (NEXT OF KIN, IF POSSIBLE)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

**PLEASE COMPLETE – MAIL ORIGINAL BACK TO OUR OFFICE AND RETAIN CARBON COPY FOR YOUR RECORDS**