



**NEXT OF KIN DONATION FORM – PLEASE PRINT OR TYPE**

(Mrs.)

(Mr.)

I, (Ms) \_\_\_\_\_, \_\_\_\_\_  
(PLEASE CIRCLE ONE) (Name) (Relationship)

and next of kin of \_\_\_\_\_, do hereby give and grant the body of said deceased to Parker University, for education and research purposes, and I do hereby grant and direct

the \_\_\_\_\_ to deliver said body to Parker University.  
(Transportation Service)

I hereby relinquish all rights and claims to said body and do grant unto Parker University full rights to use said body for medical teaching and research purposes and ultimately to dispose of said body.

In accepting and using this body for the prescribed purposes and in disposing of the body, the Anatomical Board of the State of Texas and Parker University shall incur no liability and no claim shall arise against them in any manner.

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.

WITNESS MY HAND THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Deceased Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_, \_\_\_\_\_  
(Relationship)

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

**WITNESSED BY:**

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

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.

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