



ANATOMICAL GIFT CONSENT AND RELEASE OF ASHES

PART 1: RELEASE OF ASHES

If you are accepted into the program at the time of your death, your remains will be cremated when anatomical study of your body has been completed.

Check only one of the following boxes:

- ☐ I instruct that after cremation, my ashes be retained by the Anatomical Gift Program and buried in Rockafeld Cemetery at Wright State University.
- ☐ I instruct that after cremation, my ashes be released to the person listed below. I understand that if said person cannot be located after reasonable effort by the Anatomical Gift Program, my ashes will be buried in Rockafeld Cemetery at Wright State University.

Name of Person to Whom Ashes will be Released Telephone Number

Street Address City/State Zip Code

PART 2: ANATOMICAL GIFT CONSENT - THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY.

By signing this form, I acknowledge that I have read and understand the policies of the Anatomical Gift Program, and hereby instruct that my body be turned over immediately after death to the Wright State University Boonshoft School of Medicine Anatomical Gift Program. I also understand the Anatomical Gift Program has complete discretion upon my death to accept or reject my body for donation.

Donor Signature Date Telephone Number

State of _____ County of _____

The foregoing instrument was acknowledged before me this date _____ by _____.

(signed) _____

Notary Public

(Seal affixed here)

My Commission Expires _____