

Anatomy Gifts Registry

7522 Connelley Drive, Suite M, Hanover, Maryland 21076 800-300-5433

Anatomical Gift of Whole Body by a Living Donor and Authorization to Cremate

I, _____ am at least 18 years of age and make this anatomical gift to take effect upon my death. The marks in the appropriate squares indicate my desires.

I give my entire body with the return of cremated remains to my loved ones

I understand that the body or portions thereof not utilized for medical study will be cremated by AGR or an AGR contracted crematory. _____ (please initial)

I request my cremated remains go to _____
Name Relationship

_____ Address (Street, City, State, Zip) Phone

I give my entire body without the return of cremated remains to my loved ones

I understand that with this type of donation the entire body will be used and subsequent disposition and/or disposal will be handled in accordance with State and Federal Law and that there will be no remains returned. _____ (please initial)

to the Anatomic Gift Foundation, Inc., a Maryland non-profit corporation doing business as Anatomy Gifts Registry, for the purposes of Medical Therapy, Research, and Education. I understand that the Anatomy Gifts Registry will be responsible for the costs associated with the donation. I understand that the Anatomy Gifts Registry will make its best efforts to provide my body or tissues derived thereof to many institutions, domestic and abroad, to maximize the Medical, Scientific, and Educational benefits of the donation. These institutions may be for-profit and non-profit organizations. I understand that extensive dissection may occur to my body which may include disarticulation of joints and removal of sections or parts of my body, without limitation, to further maximize the benefit to Medical Therapy, Research, and Education. I understand that my body, and tissues derived thereof, will be treated with dignity, sensitivity and care.

I authorize any persons or institutions having possession of my medical records and/or autopsy reports to release them to Anatomy Gifts Registry; and I understand that my body will be examined, and that blood may be drawn from my body and tested for contagious disease to aide in the determination of safety and suitability of the anatomical donation. Anatomy Gifts Registry reserves the right, at its sole election, to decline acceptance of my body if it appears unsafe or unsuitable for the purposes consented to herein.

I further understand that my identity, and the identity of my loved ones and witnesses, shall remain anonymous and identification of my body, tissues, or parts shall be coded to ensure this confidentiality.

I also understand and agree that cremation or incineration is necessitated at the conclusion of the donation, or earlier for health reasons, and by executing this consent I authorize the cremation of all or a portion of my body, and/or incineration of my remains at the conclusion of the purposes for which I made the anatomical donation. I understand that the cremation of my body may occur without the anatomical donation in the event of a positive test for contagious disease or otherwise poor condition of my body which may pose a health risk to others. I understand that the cremation and/or incineration will take place at Anatomy Gifts Registry's sole expense and that the return of cremains to my loved ones, if required, will be timely regardless of performance of the anatomical donation.

This donation and authorization is motivated by humanitarian intent without hope or expectation of reward or compensation of any kind. I understand that this document may be revoked with a written statement delivered to Anatomy Gifts Registry prior to my death. I further understand that this gift, once received, is irrevocable upon my death. I have signed this form in the presence of the following who sign as witnesses.

Donor Signature _____ 1st Witness _____

Dated Signed _____ Signature
2nd Witness _____
Signature

Donor Address _____