

## NEXT-OF-KIN DONATION FORM

Date \_\_\_\_\_

I (We) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

bearing the relationship of \_\_\_\_\_

to (deceased) \_\_\_\_\_

hereby authorize Eternal Anatomical Gift of Traverse City, Michigan to use the body of

\_\_\_\_\_ for the advancement of medical science, teaching

and study. This donation is authorized to be used *indefinitely*.

\_\_\_\_\_  
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

### INDIVIDUAL(S) AUTHORIZING DONATION: (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:**