

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: