

CERTIFICATE FOR BEQUEATHING BODY

Please read carefully and complete all sections on both sides.

I, _____
 (Please Print) First Middle Last Male / Female
of _____
 Street Address _____

 City State Zip

hereby bequeath and donate my body after my death to the University of North Dakota School of Medicine & Health Sciences (UNDSMHS) Deeded Body Program, in Grand Forks, North Dakota. I understand that my body must be delivered to a funeral home and that the funeral home will be responsible for the delivery of my body to the UNDSMHS Deeded Body Program, which is located in the Department of Basic Sciences at the University of North Dakota School of Medicine & Health Sciences. My body, in whole or in part, will be used in human anatomy instruction and may be utilized for up to three years. The UNDSMHS Deeded Body Program does not perform autopsies or generate any final reports on the findings in the classrooms.

Autopsied bodies are not suitable for teaching in the anatomy classes through the UNDSMHS Deeded Body Program. If an autopsy is necessary on a person who has filled out our paperwork, the physician, next of kin, or funeral home of the deceased should call the UNDSMHS Deeded Body Program at 701-777-2101 to cancel the donation of that particular donor.

In witness thereof, I have affixed my signature this _____ day of _____, 20____, at _____ .
 (Location: City, State)

 Signature of Donor (_____) _____
 / / _____ Phone Number
 Date of Birth

 Social Security Number

(If donor is not 18 years of age or older, parent or guardian must also sign here.)

Witnesses:

1. Signature _____ Date _____
 Name _____ Relation to Donor _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____

2. Signature _____ Date _____
 Name _____ Relation to Donor _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____

Suggested Distribution:

1. One copy should be returned to the UNDSMHS Deeded Body Program c/o Dept. of Basic Sciences, School of Medicine & Health Sciences, 501 North Columbia Road Stop 9061, Grand Forks, ND 58202-9061.
2. One copy to your physician.
3. One copy to your attorney, family representative, or funeral home.
4. One copy for your personal records.

PROCEDURE AT TIME OF DEATH

- I prefer no funeral or memorial service. After being embalmed by a funeral home, I ask that my body be transported to the UNDSMHS Deeded Body Program. I authorize that a photocopy of the Certificate of Death be provided to the UNDSMHS Deeded Body Program.
- I prefer a memorial service without my body present. After being embalmed by a funeral home, I ask that my body be transported to the UNDSMHS Deeded Body Program. I authorize that a photocopy of the Certificate of Death be provided to the UNDSMHS Deeded Body Program.
- I prefer a memorial or funeral service with my body present. My estate or next of kin will assume payment for all charges for this service. After the service, I ask that my body be transported to the UNDSMHS Deeded Body Program. I authorize that a photocopy of the Certificate of Death be provided to the UNDSMHS Deeded Body Program.

A normal arterial embalming excluding cavity procedure must be performed at the funeral home. The funeral director will then notify the UNDSMHS Deeded Body Program regarding the wishes of the whole-body donor. Our telephone numbers to be used to set up delivery are (701) 777-2101 or (701) 777-3377 weekdays between 8:00 a.m. and 4:30 p.m. The funeral home may hold the body in temporary storage until a delivery time can be arranged.

- UNDSMHS Deeded Body Program reserves the right to refuse a donation due to incompatible body habitus.

IMAGING

The UNDSMHS is seeking your permission to use your donation to create anatomical imagine as part of its educational experiences.

- For consideration, I give UNDSMHS permission to utilize my anatomical donation in photographic or video imaging for instructional experiences including educational literature and in creating teaching materials.
- I do not wish to participate.

PREFERENCE ON FINAL DISPOSITION OF CREMAINS

After its use for teaching purposes (which may be up to three years), I understand that my body will be cremated at the expense of the UNDSMHS Deeded Body Program. After cremation, my wish is the following:

- My ashes be interred in the UNDSMHS plot at a special interment service arranged and provided by the UNDSMHS Deeded Body Program. Please notify the following person of the time and place of the interment services.

Name _____	Relation to Donor _____
Street Address _____	Phone _____
City _____	State _____ Zip _____

- My ashes be interred in the UNDSMHS plot at a special interment service arranged and provided by the UNDSMHS Deeded Body Program. **PLEASE DO NOT NOTIFY NEXT OF KIN** of the time and place of the interment services.

- The ashes be returned to the following:

<input type="checkbox"/> <u>Funeral Home</u>	or	<input type="checkbox"/> <u>Next of Kin:</u>
Funeral Home or Next of Kin _____		Relation to Donor _____
Street Address _____		Phone _____

Post-mortem amendment of this contract can only occur in those circumstances where existing legal documents take precedence over this form.