

**REQUEST FORM FOR RETURN OF CREMATED REMAINS
TO BE SUBMITTED BY THE LEGAL NEXT OF KIN OR ESTATE EXECUTOR
WITHIN 15 DAYS OF THE DONOR'S DEATH**

PLEASE PRINT CLEARLY AND SUBMIT IMMEDIATELY UPON THE ANATOMICAL DONOR'S DEATH. THIS FORM CAN BE ACCEPTED AFTER DEATH FROM THE LEGAL NEXT OF KIN OR ESTATE EXECUTOR ONLY.

FAX TO: 804- 225-2766 OR

MAIL TO: VIRGINIA STATE ANATOMICAL PROGRAM
400 EAST JACKSON STREET, RICHMOND, VIRGINIA 23219-3694

- Yes, I would like cremated remains returned.
 No, I would not like cremated remains returned.

DONOR INFORMATION:

NAME OF DONOR: _____

DATE OF DEATH: _____

LOCALITY OF DEATH: _____

NEXT OF KIN OR EXECUTOR INFORMATION:

Please fill out address where cremated remains are to be sent OR just print name and sign at bottom if declining the return of cremated remains.

NAME: _____

ADDRESS: _____

PHONE NUMBER (required): _____

SIGNATURE OF NEXT OF KIN/EXECUTOR: _____

IMPORTANT INFORMATION:

- 1) If you do not request the return of cremated remains in writing there will be a ceremony and dignified distribution or interment of the cremated remains.
- 2) If cremated remains are requested it may be two months to two (2) years before they are returned.
- 3) If this form is not received within 15 days of the donor's death, the Program cannot guarantee return of cremated remains.
- 4) At no time will cremated remains be sent to anyone other than the Legal Next of Kin or Estate Executor.

THANK YOU FOR YOUR SELFLESS GIFT OF DONATION.