

COMMONWEALTH OF VIRGINIA
INSTRUMENT OF ANATOMICAL GIFT

DECLARATION OF INTENT

I _____, desire to donate my body for scientific study, teaching, research, or other purposes as needed by the State Anatomical Program of Virginia Department of Health. I understand that donation must take place prior to embalming or autopsy and that if my body is not anatomically acceptable because of certain conditions or injury that my estate is responsible for the final disposition of my remains.

(SIGNATURE) Date: _____

Mailing Address _____ Phone Number: _____

* PLEASE CONTACT THE ANATOMICAL PROGRAM
IF YOU DESIRE THE RETURN OF YOUR ASHES.

WITNESS ATTESTATION

Print Name _____ Relationship to Donor _____

Mailing Address _____ Telephone Number _____

Signature _____

Print Name _____ Relationship to Donor _____

Mailing Address _____ Telephone Number _____

Signature _____

PERSONAL INFORMATION CONCERNING DONOR

(For Vital Records completion)

Date of birth _____ Place of birth _____

Social Security Number _____ Race _____

Mother' Full Maiden Name _____ Father's Full Name _____

Highest level of education _____ Service in the armed forces: YES or NO
(Circle one)

Procedure at the time of death: Notify the Anatomical Program immediately at the time of death.
(804) 786-2479

PLEASE PRINT OUT AND COMPLETE THIS FORM.

PLEASE RETURN THIS FORM TO:

State Anatomical Program
400 East Jackson Street
Richmond, Va. 23219

REV: 11/2004

We suggest that copies are made of the completed form and kept for your personal records.