



# ANATOMICAL GIFT FORM

SIU SCHOOL OF MEDICINE

## AUTHORIZATION FOR DISPOSAL OF CREMATED REMAINS

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Date: \_\_\_\_\_

I, \_\_\_\_\_ as the legal next of kin for  
\_\_\_\_\_ who died on, \_\_\_\_\_ requests that SIU

School of Medicine (select one):

- Dispose of the cremated remains of said gift by placing them in the SIU School of Medicine Mausoleum at Pleasant Grove Memorial Park in Murphysboro, IL.
- Return the cremated remains to the address provided below:

Please note: The School of Medicine recommends that the cremated remains be returned to the funeral home for return to the family.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address #2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Signature: \_\_\_\_\_

  

\_\_\_\_\_

Please use additional authorization forms, if additional signature lines are needed.