



ANATOMICAL GIFT FORM

SIU SCHOOL OF MEDICINE

AUTHORIZATION FOR DISPOSAL OF CREMATED REMAINS

Date: _____

I, _____ as the legal next of kin of

_____ who died on, _____ authorize the

SIU School of Medicine and its agents to receive, prepare, preserve, distribute and cremate their remains. I certify I have the legal right to make such authorization. I understand that the next-of-kin, executor, or other responsible individual must arrange to have the unembalmed remains transferred to the School of Medicine by a licensed funeral director at his, her, their, or the estate's expense. The School of Medicine will return cremated remains to the next-of-kin or other party, if desired, free of additional cost. Please choose one option below to indicate the desired final disposition of cremated remains (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.
- Perpetual Donation- Part or all of the body may be retained or permanently preserved for teaching related purposes. I understand that part or all of the remains may be cremated and any ashes will **NOT** be returned. The School of Medicine will provide no information on final disposition.
- 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.