American Body Donation

Whole Body Release form

I hereby release the body and I make this whole body anatomical gift to American Body Donation, llc for use in education, medical training or research studies determined by the program. This donation is made in accordance with the Revised Uniform Anatomical Donations Act, G.S. §130A-412.3 et seq and as authorized by North Carolina law, and will be used at American Body Donation's discretion.

I understand and accept the following:

- This donation is being made for medical training and research.
- I understand the length of the program is between 2 and 12 months.
- I understand that the body may be used to teach surgeons, emergency medical professionals, military training and trauma scenarios.
- Representatives from American Body Donation will be present at each training event to ensure proper etiquette and respect is given to the donor at all times.
- I authorize American Body Donation to cremate the body in accordance with G.S, 90-210.120.

Under oath and under penalty of perjury, I hereby affirm that, to the best of my knowledge and belief, there is no other person who has the prior right to grant this authorization to control the remains of the deceased named above. I hereby agree to hold harmless the Funeral Director, Crematory, American Body Donation or person acting as such, their officers and employees from any liability costs or expenses resulting from this authorization.

Name of Deceased:

I hereby certify that I am acting as the next of kin and I have the rights of disposition.

Signature: Date:

I request that the cremated remains be returned to the following address:

Return Urn

address where cremated remains will be returned

Vitals for Death Certificate

Decedents Legal Name _____

Age _____

Birthdate _____

Place of Birth _____

Social Security Number _____

Marital Status _____

Veteran? ☐ Yes ☐ No

Decedents Address _____

Race _____

Education Level _____

Occupation _____

Hispanic Origin? ☐ Yes ☐ No

Fathers Name _____

Mothers Name (Maiden) _____

Place of Death _____

Informants Name _____

Relationship _____

Informants Address _____

Informants Phone Number _____

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