



ANATOMICAL GIFT FORM

SIU SCHOOL OF MEDICINE

FINAL DISPOSITION AUTHORIZATION FORM

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):

- ☐ Inter 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 upon disposition.
- ☐ I wish to pick up the cremated remains at the School of Medicine Administration Office located at:
600 Agriculture Dr. Carbondale, IL. 62801
- ☐ 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: _____