

# CERTIFICATE OF BEQUEATHAL

This is **not** a Contract

## University of Utah Body Donor Program

520 Wakara Way  
Salt Lake City, UT 84112

Business Hours Ph #: 801/581-6728

After Hours/Weekends Ph #: 801/581-2121

<http://medicine.utah.edu/neurobiology-anatomy/body-donor-program/index.php>

### A

To be completed when arranging  
your own body donation.

Print Full Legal Name

Street Address

City State Zip

I hereby donate my body to be delivered after death to the University of Utah School of Medicine for legitimate purposes of medical study and research. I stipulate such delivery be made as soon as possible.

**I am aware certain physical conditions at death may prohibit the Department of Neurobiology & Anatomy from accepting some anatomical gifts.**

Signature

Date

Witness

(optional) E-mail address

### B

Complete this section when  
donating a body other than self.

Print Full Legal Name

Street Address

City State Zip

I hereby donate the body of \_\_\_\_\_ to be delivered after death to the University of Utah School of Medicine for legitimate purposes of medical study and research. I stipulate such delivery be made as soon as possible.

**I am aware certain physical conditions at death may prohibit the Department of Neurobiology & Anatomy from accepting some anatomical gifts. I further state that I am the legal representative of the above body donor.**

Signature

Date

Relationship to Donor

Witness

### Designation of Cremains

Please designate desire for disposition of cremains upon completion of use for medical education and research. (CHECK ONE).

- 1.) University Donors Grave at Salt Lake City Cemetery
- 2.) Return to Family  via U.S. Mail with signature required. (If checked here, complete info below)

Full Name

Street Address

City State Zip

( )

Area Code Telephone Number

- 3.) Family will pick up cremains in the Body Donor Program office  (If checked here, complete below)

Full Name

Street Address

City State Zip

( )

Area Code Telephone Number

OVER

