

DISPOSITION FORM

The Anatomical Donor Program will contact the recipient (next-of-kin/executor and/or designated funeral home) at the time the cremated remains are available. In the event the Anatomical Donor Program is unable to locate the recipient, after notification by mail, I understand that the Anatomical Donor Program will hold the cremated remains for at least ninety (90) days and I authorize that in the absence of any other instructions, that the cremated remains be buried at the University Cemetery

Please check ONE of the following 3 options:

1. I wish to have my cremated remains returned to my next-of-kin/executor

I authorize the University of New England College of Osteopathic Medicine Anatomical Donor Program to return the cremated remains to the individual whose signature appears below. The cremated remains will be sent via United States Postal Service Registered Mail

2. I wish my cremated remains returned to my local funeral home.

I understand that the next-of-kin/executor or a member of family will be responsible for any charges by the funeral home for this service

Name of Recipient of Cremated Remains

Address

City, State, Zip Phone Number

Printed Name of Donor Signature of Donor Date

Printed Name of Next-of-kin/executor Signature of Next-of-kin/executor Date

3. I wish to have my cremated remains buried at the University of New England Cemetery