

# ANATOMICAL DONOR FORM

University of New England  
College of Osteopathic Medicine

Being of sound mind and legal age (at least 18 years of age pursuant to 22 M.R.S.A. §2902), in my desire to further the advancement of medical training and research, I hereby bequeath my body to the Anatomical Donor Program at the University of New England College of Osteopathic Medicine, if acceptable at the time of my death, for the purpose of medical education and research.

If this donor form or a copy thereof is found on my person or among my effects at the time of death, I authorize and request any person attending or present at such time to request the attending physician or the physician certifying my death to notify Hope Memorial Chapel, Biddeford, Maine (207-282-6300), for transport of my **unembalmed** body to the Anatomical Donor Program at the University of New England. **No autopsy is to be performed, unless required by law. If my body is not embalmed or autopsied and is otherwise acceptable for the purposes intended,** I understand that the Anatomical Donor Program will bear all costs of transportation from the place of death to the University of New England.

I direct my next-of-kin, executor, or agency legally entitled to my body after death to cooperate with the Anatomical Donor Program at the University of New England to carry out my wishes in this donation as indicated in my application forms submitted to the program. Having read this donor form and all accompanying application materials and understanding their content, I hereby sign it in the presence of two (2) undersigned witnesses:

Printed Name of Donor	Social Security Number	Date of Birth	
Legal Signature of Donor	Date	Phone Number	
Mailing Address	City	State	Zip Code

## WITNESSES' ATTESTATION

Signed in our presence and we hereby subscribe our names as witnesses:

1)	Printed Name of First Witness	Legal Signature of First Witness	Date	
	Mailing Address	City	State	Zip Code
2)	Printed Name of Second Witness	Legal Signature of Second Witness	Date	
	Mailing Address	City	State	Zip Code

## NEXT-OF-KIN OR EXECUTOR

Printed Name	Legal Signature		
Mailing Address	City	State	Zip Code
Relationship to Donor	Phone Number		

## INSTRUCTIONS AT TIME OF DEATH

1. Physician should be contacted at time of death. No autopsy or embalming can be done.
2. Notify Hope Memorial Chapel (207-282-6300) to arrange for transport of donor to the Anatomical Donor Program at the University of New England College of Osteopathic Medicine.

**White Copy – Donor Program; Yellow Copy – Donor; Pink Copy – Witness/Executor;  
Blue Copy – Primary Care Physician**