ANATOMICAL DONOR FORM

University of New England
College of Osteopathic Medicine

Being of sound mind and legal age (at least 16 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 Sate 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