

ANATOMICAL GIFT DONOR FORM

With my signature below, I acknowledge my support to the Anatomical Gift Program in the Department of Physical Therapy at the University of Delaware. It is my intent that at the time of my death, my remains will be donated to the Anatomical Gift Program to be used for anatomical education and research by students at the University of Delaware. I fully understand the nature of the education and research related to my anatomical gift, and consent to all necessary, standard and accepted procedures to conduct said activities.

DONOR INFORMATION:

NEXT OF KIN:

 Full name (please print)

 Full name (please print)

 Date of birth

 Relation to donor

 Street address

 Street address

 City, state and zip code

 City, state and zip code

 Phone

 Phone

 Email address

 Email address

 Signature

 Date

 Signature

 Date

- I certify that by signing this document I do not have an extremity amputation or any infectious diseases such as HIV, Hepatitis, Herpes, Prion Disease, Tuberculosis, etc.

Upon completion of the anatomical education and research, all remains are to be cremated and returned to the following funeral home:

Chandler Funeral Home
 Wilmington, DE or Hockessin, DE
 (302) 478-7100