

ANATOMICAL GIFT REGISTRY APPLICATION FORM

Medical College of Wisconsin
Department of Cell Biology, Neurobiology and Anatomy
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The laws of the State of Wisconsin permit us to accept the donation of bodies for use in medical education and medical research within our institution or in other scientific and educational institutions within or outside the state. If you choose to donate your body, research that may be done may include, but is not limited to, medical procedure education and/or bodily injury research. If you do not agree to be included in any of these types of education/research, please do not donate your body. When the studies are completed, the remains are cremated. We cannot furnish a report of our findings or the cause of death. **This is a non-profit program; therefore we require the donor's estate or family to pay any administrative fees and costs which include: transporting donor to the facility at the time of death, filing of death certificate, cremation permit and cremation.**

This form is to be signed by the donor and the next of kin (this term includes spouse) or representative in the presence of two (2) witnesses in the presence of the donor's presence.

Return the completed forms (pages 2-4) by mail, fax or email (see information above) and have a relative retain a copy for future reference.

The Medical College of Wisconsin has the right to refuse acceptance of a body for any reasons if the circumstances do not permit the use of the body in accordance with the donor's wishes; if the donor has any pre-existing conditions that may affect the use of the body in our programs (for example, obesity, recent surgery or communicable diseases, etc.). This does not

program and

DONOR INFORMATION



ACKNOWLEDGEMENT/RELEASE BY NEXT OF KIN OR REPRESENTATIVE

I, being the **NEXT OF KIN** or **REPRESENTATIVE**, release all claims to the remains of _____
to be used for medical education/research programs at the Medical College of Wisconsin or at other scientific or educational
institutions within or outside the State.

NEXT OF KIN or REPRESENTATIVE Signature: _____ Date _____

PRINTED Name: _____ Relationship: _____

Telephone number: (_____) _____ Email: _____

Address: _____

City, State, Zip: _____

Under Wisconsin law, the surviving spouse, next of kin, family member or other person who assumes custody of the body of the deceased, has the right to rescind the donation of the donor, they also have the right to request a funeral service or other last rites to be arranged by them at their own expense prior to the donor being taken to the Medical College of Wisconsin. The Funeral Home/Director assisting with the arrangements **MUST CALL** the Medical College of Wisconsin Anatomical Gift Registry for "special instructions" **BEFORE** the donor is embalmed.

DISBURSEMENT OF REMAINS

TO BE COMPLETED BY NEXT OF KIN OR REPRESENTATIVE - **PLEASE SELECT ONE**

YES, I wish to have the donor's ashes returned when the studies are completed. I understand that ashes will not normally be returned for up to three (3) years, possibly longer. A letter will be sent to individual/address listed as next of kin or representative when the ashes are ready for return.

As the designated next of kin or representative **I do not** wish to have the donor's ashes returned to me, **but I agree to have them released to the following individual for final disposition:**

PRINTED NAME of Alternate Recipient of Donor Ashes: _____

Telephone number: (_____) _____ Relationship: _____

Address: _____

City, State, Zip: _____

NO, I do not wish to have the donor's ashes returned. I understand that the ashes will be buried in a private ceremony under the supervision of MCW officials and clergy.

DONOR DECLARATION