

DONATION OF BODY FOR EDUCATIONAL AND RESEARCH PURPOSES

Pursuant to Article 6B Chapter 24 of the New Mexico Statutes and Amendments, the undersigned hereby donate my body to be delivered after death in accordance with applicable laws to THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE, Albuquerque, New Mexico, for use in the advancement of medical science, education and research. Immediately following the undersigned's death, the person having custody of the body shall be required to conclude arrangements for the delivery of the body. Once the body is delivered to the School of Medicine, it shall be used for educational and research purposes as determined by the University. Such determination may include transporting the body to another educational institution within the State of New Mexico for educational or research purposes. After cremation, the remains will be distributed to the educational institution unless otherwise specified below, the remains will be cremated and distributed pursuant to the instructions for disposition. At times, the body may possess certain unique structures, either anatomical or pathological, which would greatly benefit medical education and may not be recoverable for cremation.

Name of Donor (please print) _____ Signature of Donor _____

Donor's Address _____ Date of Birth. _____

Donor's City, State _____ Zip Code Social Security No. _____

() _____ Telephone Number _____

STATE OF NEW MEXICO County of _____ ss.

The foregoing donation of body for educational and research purposes was acknowledged before me this _____ day of _____, _____ (Year)

by _____ (Donor's Name).

My commission expires: _____ Notary Public Signature _____

PLEASE INDICATE YOUR WISHES regarding final disposition of ashes (check one)

Cremation & UNM to Entomb _____ Cremation & Return Ashes _____

Ashes to be returned to:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

SUPPLEMENTARY INFORMATION ABOUT DONOR

Please complete and return to the Anatomical Donations Program. This information is required for the completion of the death certificate.

Full Name: _____ Date: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Social Security No. _____ Phone No. _____

Date of Birth: _____ City and State of Birth: _____

Sex: _____ Race: _____ Hispanic descent: _____

Current height: _____ Current weight: _____ Resident of New Mexico since: _____

Single: _____ Married: _____ Divorced: _____ Widowed: _____

If married give: _____ or _____
Wife's maiden name Husband's full name

Father's full name (even if deceased): _____

Mother's full maiden name (even if deceased): _____

Highest level of Education completed: _____ Employed By: _____

Usual Occupation (before retirement): _____

If a Veteran, name of war, branch and rank: _____

Service Serial # _____

***A contact that will be handling your affairs after you are gone
(you may list additional family/friends on back)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Final Disposition (check one)