RUTGERS
Robert Wood Johnson
Medical School

Robert Wood Johnson Medical School
Anatomical Association
Rutgers, The State University of New Jersey
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rwjms.rutgers.edu/departments/
neuroscience-and-cell-biology/
anatomical_association

p: 1-800-443-8211

Bequeathal Form ***FAXES ARE NOT ACCEPTED***

I, of sound mind and beyond 18 years of age, wish to donate my body upon death, to the **Robert Wood Johnson Medical School Anatomical Association** for anatomical study, research, and the advancement of medical science. This arrangement is valid if my death occurs within the State of New Jersey.

I realize acceptance of this donation is contingent upon the condition of my remains and that the **Anatomical Association** reserves the right to refuse my donation. Therefore, it is agreed, if the **Anatomical Association** rejects my donation, the **full responsibility** for my remains will be assumed by the authorized person chosen by me and listed below, or by my estate.

The **Anatomical Association** may, at its discretion, transfer my body to an approved teaching institution, and may retain my donation for approximately three years. The **Anatomical Association** will cremate my remains upon completion of the studies. At that time, the authorized person and or secondary contact listed on the general information form, will be notified and offered a final disposition choice: 1) allow the **Anatomical Association** to dispose of the cremains, or, 2) to receive the cremains.

PRINT **Donor Information**:

Donor Name____ Phone (   )___________

Street Address____

City, State, Zip__________________________________Email Address______________

Donor's Signature______________________________________Date________________

1st Witness to donor's signature_____________________________Date________________

2nd Witness to donor's signature_____________________________Date________________

♦♦

PRINT **Authorized Person Information**:

Name____ Phone (   )__________

Street Address____

City, State, Zip__________________________________Email Address______________

Authorized Person's Signature________________________Relationship__________ Date_______

FOR OFFICE USE ONLY:

Donor Number______
LC/SC:____________________