



Declaration of Donation

The Brody School of Medicine at East Carolina University
Department of Anatomy and Cell Biology
600 Moye Boulevard • Brody Medical Sciences Building
Greenville, North Carolina 27834-4354
252-744-2843 office • 252-744-2850 fax • www.ecu.edu/anatomy

Please type or print with ball point pen.

I, _____ hereby bequeath my body to the Brody School of Medicine at East Carolina University for use in anatomical instruction for medical and medical related studies.

Even though your paperwork is on file, four criteria must be met at the time of your demise:

- 1) Your weight cannot exceed 180 pounds.
- 2) There can be no major constriction or amputation of your extremities.
- 3) There can be no trauma to your body
- 4) There can be no contagious diseases present or in your medical history.

THE BRODY SCHOOL OF MEDICINE RESERVES THE RIGHT TO REFUSE ANY BODY WHICH WILL NOT SERVE THE INTENDED EDUCATIONAL PURPOSES.

My closest relatives have been told of my desire and intention in this matter. At my death they have been asked to notify immediately the Brody School of Medicine at East Carolina University, phone 252-744-2843, or after 5:00 p.m., 252-744-2246. If changes in address and/or phone number should occur after this form is completed, please notify the above office of such changes.

All expenses related to donation (removal, transportation, embalming, cremation and/or interment) will be paid by the Brody School of Medicine **IF** your demise occurs within Eastern North Carolina. This includes the area north to the Virginia state line, south to the South Carolina state line, and west to Raleigh.

We will return the cremated remains of the donor to the family approximately 24-36 months after your donation. Your family will be contacted and asked to respond by mail, telephone, or email as to their wishes. Your family will have two options:

A family member or their designee must come to the Brody School of Medicine to get your ashes and sign a release form, **or** your cremated remains will be interred in an individual container in the Brody School of Medicine memorial burial plot at a cemetery in Greenville, North Carolina.

Signature: _____

Address: _____
Street, PO Box, or RFD City State Zip

Phone: _____

Signed by the Donor in the presence of the following two people, who sign as witnesses:

(1) _____
Signature

(2) _____
Signature

Street, PO Box, or RFD

Street, PO Box, or RFD

City State Zip

City State Zip

Phone: _____

Phone: _____