Whole Body Anatomical Bequeathal Program
Wake Forest School of Medicine
Winston-Salem, North Carolina 27157-1010
(TELEPHONE 336-716-4369)

This form IS ONLY ACCEPTABLE when signed by the closest surviving family member (or verified Power of Attorney) AFTER death has occurred. It provides us with permission to release their loved one to the Wake Forest School of Medicine. It also provides us with their wishes for disposition of ashes.

Date: _____

I, _____, hereby release the body of _____ to the Wake Forest School of Medicine Whole Body Anatomical Bequeathal Program for use in medical education, training, or research studies as determined by the Program.

[ ] I request that the cremated remains be returned to:

[ ] Next-of-Kin _____
Name

[ ] Funeral Home _____
Address
(Please consider this option if time for private viewing is desired upon receipt of ashes. All arrangements must be made in advance and will be the responsibility of the family.)

[ ] Other _____

[ ] I do not wish the cremated remains returned and request that the Wake Forest School of Medicine arrange final disposition.

Next-of-Kin (or verified Power of Attorney)

_____
Signature

_____
Relationship to deceased

_____
Address

_____

_____
Phone number

Witness

_____
Name

_____
Signature

_____
Address

_____

Once WFSM Whole Body Bequeathal Program receives the body there will be no opportunity for family or friends to view the body. Such arrangements should be made prior to release. Also, no autopsy will be performed, therefore, no study of cause of death or related disease information can be reported to the family.

(Rev. 07/25/2012)