For Office Use Only	# _____
	Date: _____

Whole Body Release Form

Anatomical Resource Clinical Training Center
Center for Applied Learning - Wake Forest School of Medicine
Winston-Salem, North Carolina 27157-1039
336-716-4369 / **336-716-2447** (fax)

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, ☐ Mr. ☐ Mrs. ☐ Ms. _____

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

[ ] I request that the cremated remains be returned to another person or location:

☐ Other ☐ Funeral Home (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.)

Name (and relation to deceased if applicable)

Address

City, State Zip

Phone Number & Email

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

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

Name (relation to deceased)

Signature

Address

City, State Zip

Phone Number

Witness (Non-family)

Name

Signature

Address

City, State Zip

Phone or email

Once WFSM Whole Body Donation 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.

Funeral Home or Transportation Service Provider

Name

Phone Number