

THE ANATOMICAL BOARD OF THE STATE OF FLORIDA
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE
DEPARTMENT OF CELL BIOLOGY AND ANATOMY R-160
P.O. BOX 016960
MIAMI, FLORIDA 33101

DECLARATION OF CONSENT

I, _____, being nearest of kin,
relationship, (_____) of the deceased
_____ (name), do hereby consent to
the release of his/her body to the Anatomical Board of the State of Florida, to be used by a medical
school for medical education and/or research.

Signed in the presence of these witnesses on this _____ day of _____, 20__.

SIGNATURE

ADDRESS

CITY

STATE

ZIP

WITNESS' SIGNATURE

WITNESS' SIGNATURE

ADDRESS

ADDRESS

CITY

STATE

ZIP

CITY

STATE

ZIP