



DEDICATION FORM

I, _____, the undersigned, desire that my body, at the time of death, be given to the Anatomical Board of the State of Florida for use in medical research and education. It is understood that the Anatomical Board of the State of Florida can accept my body only if I become deceased within the geographical limits of the State of Florida or if agencies or individuals other than the Anatomical Board assume responsibility for returning my body to the State of Florida.

It is also understood that this is a legal document in that it is a statement of my wish and intention to dedicate my body for medical use, as provided in Chapter 406.50 through 406.61 and Chapter 765.510 through 765.514, Florida Statutes. In order that this wish be promptly and effectively carried out after my death, I accept responsibility for obtaining the consent of all my relatives or close friends likely to have any concern about the final disposition of my body.

There is a small possibility that an individual's body may be utilized for research or medical education outside of the State of Florida. Please strike out the appropriate words in the statement below to indicate your approval or disapproval for use outside of Florida. Also please place your initials at the end of the statement.

I (do) (do not) object to the utilization of my body for medical research and education in an approved institution outside the State of Florida. _____ (initial)

Signed by the donor and these witnesses in the presence of each other on this _____ (day) of _____ (month), 20____.

Signature

Date of Birth: _____

Address

Social Security #: _____

City State Zip Code

Witness:

Witness:

Signature

Signature

Address

Address

City State Zip Code

City State Zip Code