

QUILLEN COLLEGE OF MEDICINE

Being of sound mind and legal age, it is my desire to bequeath my remains, **if acceptable at the time of my death**, to ETSU Quillen College of Medicine for the advancement of medical education. If this donor form or a copy thereof is found on my person or among my effects at the time of my death, I authorize and request any person attending or present at such time to notify the ETSU Quillen College of Medicine for transport of my unembalmed body to the College of Medicine. No autopsy should be performed. I direct my next-of-kin, executor, or agency entitled to my body after death to cooperate with ETSU Quillen College of Medicine to carry out my wishes in this donation as indicated on this form. Having read this donor form in full and understanding its content, I hereby sign it in the presence of two (2) undersigned witnesses.

Return to: Quillen College of Medicine, Department of Biomedical Sciences, PO Box 70582, Johnson City, TN 37614-1708
Send white copy to Department of Biomedical Sciences • Keep yellow copy for your records

PRINT LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ M F

SEX _____ LAST FOUR DIGITS OF SSN _____ DATE OF BIRTH _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

YOUR SIGNATURE _____ TODAY'S DATE _____

WITNESS #1: _____ PRINTED NAME OF WITNESS 1 _____ LEGAL SIGNATURE OF WITNESS 1 _____

_____ RELATIONSHIP _____ PHONE NUMBER OF WITNESS 1 _____

WITNESS #2: _____ PRINTED NAME OF WITNESS 2 _____ LEGAL SIGNATURE OF WITNESS 2 _____

_____ RELATIONSHIP _____ PHONE NUMBER OF WITNESS 2 _____

NEXT OF KIN: _____ NAME _____ RELATIONSHIP _____

_____ PHONE _____ ADDRESS _____

I wish my cremated remains to be: returned not returned?

Name of individual to contact for returning your cremains:

NAME _____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ PHONE NUMBER _____