

CERTIFICATE FOR BEQUEATHING BODYPlease read carefully and complete **all sections** on **both sides**.

I, _____
 (Print) First Middle Last Male / Female

Mailing Address _____

City State Zip

hereby bequeath and donate my body after my death to the University of North Dakota School of Medicine & Health Sciences (UND SMHS) Deeded Body Program in Grand Forks, North Dakota. I understand that my body must be delivered to a funeral home and that the funeral home will be responsible for performing an initial embalming and the delivery of my body to the UND SMHS Deeded Body Program, which is located in the Department of Biomedical Sciences at the University of North Dakota School of Medicine & Health Sciences. My body, in whole or in part, will be used in the manner(s) designated by me on the back page of this form and may be utilized for up to three years. Anatomical images and any research findings, if applicable, may be used in perpetuity. The UND SMHS Deeded Body Program does not perform autopsies or generate any final reports due to any findings in the classrooms, or as the result of any research conducted.

The UND SMHS Deeded Body Program will not accept donors in which autopsies or organ donation has occurred. If an autopsy is necessary on a person who has completed our paperwork, the physician, next of kin or funeral home of the deceased should call the UND SMHS Deeded Body Program at 701.777.2101 to cancel the donation of that donor.

In witness thereof, I have affixed my signature this _____ day of _____, 20____.

Signature of Donor Date of Birth

Social Security Number Phone Number

(If donor is not 18 years of age or older, parent or guardian must also sign.)

1. _____
 (Print) Name of Witness Relation to Donor

Signature of Witness Date

Address

City State Zip Phone

2. _____
 (Print) Name of Witness Relation to Donor

Signature of Witness Date

Address

City State Zip Phone

Suggested Distribution:

1. One copy should be returned to: UND SMHS Deeded Body Program, c/o Dept. of Biomedical Sciences, School of Medicine & Health Sciences Suite W315, 1301 N Columbia Rd Stop 9037, Grand Forks, ND 58202-9037.
2. One copy for your personal records.
3. One copy to your attorney, family representative, or funeral home.
4. One copy to your physician.

Continued on other side

Procedure at time of death (check one)

- ☐ I prefer no funeral or memorial service. After being embalmed by a funeral home, I ask that my body be transported to the UND SMHS Deeded Body Program. I authorize that a photocopy of the Certificate of Death be provided to the UND SMHS Deeded Body Program.
- ☐ I prefer a memorial service without my body present. After being embalmed by a funeral home, I ask that my body be transported to the UND SMHS Deeded Body Program. I authorize that a photocopy of the Certificate of Death be provided to the UND SMHS Deeded Body Program.
- ☐ I prefer a memorial or funeral service with my body present. My estate or next of kin will assume payment for all charges for this service. After the service, I ask that my body be transported to the UND SMHS Deeded Body Program. I authorize that a photocopy of the Certificate of Death be provided to the UND SMHS Deeded Body Program.

A normal arterial embalming excluding cavity procedure must be performed at the funeral home. The funeral director will then notify the UND SMHS Deeded Body Program regarding the wishes of the whole-body donor. Our telephone numbers to be used to set up delivery are 701.777.2101 or 707.777.5914 weekdays between 8 a.m. and 4:30 p.m. The funeral home may hold the body in temporary storage until a delivery time can be arranged. A \$300 reimbursement will be made to the funeral home to offset a portion of their costs; however, it is the responsibility of the next of kin or estate to pay expenses that may be charged by the funeral home. **The UND SMHS Deeded Body Program reserves the right to refuse a donation.**

Nature of use (check all that apply)

Along with classroom human anatomy instruction, I give the UND SMHS Deeded Body Program my permission to use my donation in the following ways. Images will not contain identifying features.

- ☐ Imaging that includes photographic as well as video for live and distance instruction, educational publications and literature and in creating teaching material for use internally and for distribution to others.
- ☐ Research and scientific study, including appearances in scientific publications and literature and presentations in conferences, discussion forums, and seminars.
- ☐ Anatomical instruction at partnering institutions outside of the University of North Dakota.

Preference on final disposition of cremains (check one)

After its use for teaching purposes (which may be up to three years), I understand my body will be cremated at the expense of the UND SMHS Deeded Body Program. After cremation, my wish is the following:

- ☐ My ashes be interred in the UND SMHS plot at a special interment service arranged and provided by the UND SMHS Deeded Body Program. Please notify the following person of the time and place of the interment service.

(Print) Name

Relation to Donor

Address

City

State

Zip

Phone

- ☐ My ashes be interred in the UND SMHS plot at a special interment service arranged and provided by the UND SMHS Deeded Body Program. PLEASE DO NOT NOTIFY NEXT OF KIN of the time and place of the interment service that I will be a part of.

- ☐ The ashes be returned to the following: ☐ Funeral Home ☐ Next of Kin

(Print) Funeral Home or Next of Kin

Relation to Donor

Address

City

State

Zip

Phone

This certificate is a binding legal instrument that cannot be revoked, amended or modified in any way postmortem except as specifically provided by law. The UND SMHS is unable to provide legal or estate planning advice; donors and their families are encouraged to direct any and all legal questions to their personal legal advisors.