



DONATE YOUR BODY.  
LIVE ON THROUGH SCIENCE.

**Virginia State Anatomical Program**

*Virginia Department of Health*

400 East Jackson Street, Richmond, Virginia 23219

(804) 786-2479

FAX: (804) 225-2766

**Appointment of Agent to Carry Out Specified Duties**

I \_\_\_\_\_, hereby appoint \_\_\_\_\_ to  
(List Full Name) (List Full Name)

arrange and direct those actions initialed below in the event of my death as allowed by the Code of Virginia 54.1-2825. This individual will have priority over all persons otherwise entitled to arrange and direct those actions I have initialed below following my death. This agency by appointment is limited to only those specific activities listed below.

**Initials**

**Activities**

\_\_\_\_\_ Authorize the Donation of my body (if anatomically and medically suitable) to the Virginia State Anatomical Program as stated with my submission of a Declaration of Intent.

\_\_\_\_\_ Provide information pertaining to the physical, health, and medical condition of my body after death to the Virginia State Anatomical Program to determine the suitability of my body for acceptance.

\_\_\_\_\_ Arrange for the disposition of my cremated remains upon the completion of my donation to the Virginia State Anatomical Program

\_\_\_\_\_ Arrange for burial or disposition of my remains, including cremation upon my death in the event I have not been deemed acceptable for donation by the Virginia State Anatomical Program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**To be completed by designated agent:**

I agree to accept the responsibility of those actions initialed above by the individual whom has appointed me to arrange and direct them.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Commonwealth of Virginia  
City/County of \_\_\_\_\_

The foregoing was acknowledged and sworn to before me, the undersigned Notary Public,  
by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires: \_\_\_\_\_  
Notary Public