



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

RELEASE OF DECEASED HUMAN BODY FOR SCIENTIFIC STUDY

To: Virginia State Anatomical Program
Virginia Department of Health
400 East Jackson Street
Richmond, Virginia 23219

This is to advise that the remains of the decedent _____, who passed away on _____, are donated to the Commonwealth of Virginia for the advancement of medical education and scientific study.

ONLY IF ANATOMICALLY ACCEPTABLE

By signing this document I am attesting that I am the _____ of the decedent and have legal right of disposition

Relationship

NEXT OF KIN:

Name: _____

Address: _____

Phone: _____

Signature: _____

WITNESS:

Name: _____

Address: _____

Phone: _____

Signature: _____

WITNESS:

Name: _____

Address: _____

Phone: _____

Signature: _____