



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

REQUEST FORM FOR RETURN OF CREMATED REMAINS
TO BE SUBMITTED BY NEXT OF KIN OR ESTATE EXECUTOR ONLY
WITHIN 15 DAYS OF DONOR'S DEATH.

PLEASE PRINT CLEARLY AND SUBMIT IMMEDIATELY UPON THE ANATOMICAL DONOR'S DEATH. THIS FORM CAN ONLY BE ACCEPTED AFTER DEATH FROM THE NEXT OF KIN OR ESTATE EXECUTOR.

MAIL TO: VIRGINIA STATE ANATOMICAL PROGRAM
400 EAST JACKSON STREET,
RICHMOND, VIRGINIA 23219-3694

DONOR INFORMATION:

NAME OF DONOR: _____ DATE OF DEATH: _____
LOCALITY OF DEATH: _____

CREMATED REMAINS ARE TO BE SENT TO NEXT OF KIN OR ESTATE EXECUTOR ONLY. (Please list two contacts)

PRIMARY CONTACT	SECONDARY CONTACT
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
_____	_____

PHONE NUMBERS:	PHONE NUMBERS:
(H) _____	(H) _____
(C) _____	(C) _____

*****IMPORTANT INFORMATION*****

- _____ Initial here
- 1) I understand that it may be several months up to five (5) years before the cremated remains are returned back to me.**
 - 2) It is the responsibility of the next of kin to notify the Anatomical Program if there is a change of address or contact information, return cannot be guaranteed if no notification is made.
 - 3) At no time will cremated remains be sent to anyone other than Next of Kin or Estate Executor.

_____ I wish to be contacted if the Program or School where the donor was placed conducts a memorial service (Y or N) for the donors. (Services are done annually and not all schools/programs conduct memorial services)

SIGNATURE OF LEGAL NEXT OF KIN: _____ DATE: _____

THANK YOU FOR YOUR GENEROUS DONATION