Physical Therapy
STAR Campus
540 S. College Avenue
Newark, DE 19713
Phone: 302-831-4809
Fax: 302-831-4234

# ANATOMICAL GIFT DONOR FORM

With my signature below, I acknowledge my support of the Anatomical Gift Program in the Department of Physical Therapy at the University of Delaware. It is my intent that, at the time of my death, my remains will be donated to the Anatomical Gift Program to be used for anatomical education by students at the University of Delaware. I fully understand the nature of the education related to my anatomical gift and consent to all necessary, standard, and accepted procedures to conduct said activities.

**DONOR INFORMATION:**

_____
Full name (please print)

_____
Date of birth

_____
Street address

_____
City, State and Zip Code

_____
Phone

_____
Email address

_____ _____
Signature Date

**NEXT OF KIN:**

_____
Full name (please print)

_____
Relation to donor

_____
Street address

_____
City, State and Zip Code

_____
Phone

_____
Email address

_____ _____
Signature Date

Funeral home you have chosen (Name, Address, and Phone Number):

_____

If no funeral home preference is indicated, we will select one of the funeral homes that works closely with our program. You will be notified of the funeral home selection.

_____(initial) I certify that, by signing this document, I do not have any infectious diseases such as HIV, Hepatitis, Herpes, Prion Disease, Tuberculosis, etc. I understand that although I am registering for the body donation program, at the time of death, my body must meet the conditions for acceptance for my body to be accepted. These conditions include, but are not limited to, a body weight no greater than 225 pounds, no autopsy, no surgery within the past 30 days, and free from any infectious or communicable diseases.

Upon completion of the anatomical education, all remains will be cremated. Would you like the cremated remains to be returned to the family?

Yes_____ No_____

**Please return form to:** University of Delaware-Department of Physical Therapy, Attn: Anatomical Donor Program, STAR Health Sciences Complex, 540 S. College Avenue, Suite 210, Newark, DE 19713