

THE ANATOMY BOARD OF MARYLAND

Department of Health and Mental Hygiene
655 West Baltimore Street, Room B-026
Baltimore, Maryland 21201 - 1559
(410)-547-1222

TDD for deaf:
383-7555

I desire that my body be made available after my death for medical education and research, and hereby authorize the Anatomy Board of Maryland to remove and utilize my body for that purpose. It is understood that the Anatomy Board may allocate my body to one of the medical institutions in the state. It is also understood that *the Anatomy Board of Maryland will be notified immediately* of my death and will arrange for the transportation and care of my body. Further, I hereby authorize the Anatomy Board to cremate my body and inter my ashes in the Anatomy Board's gravesite, or at my request return the ashes for burial to the person that I designate.

In case I die outside the State of Maryland, it is my desire that my body be taken to the nearest medical school, to be used for the benefit of medical science; I understand that the Anatomy Board of Maryland has no jurisdiction beyond the State of Maryland and could not assume responsibility for the disposition of my body.

Signature: _____

Date: _____

PLEASE PRINT BELOW (Press firmly on pen.)

Last Name First Name Middle Name

Street, R.F.D., P.O. Box No.

City, Town State County Zip Code () Area Code Phone

Date of Birth Birthplace (State) Social Security No. Race Sex Marital Status
Yrs.

Citizen of what U.S. Veteran? Dates of service? Education Usual Occupation
country?

Father's Full Name

Mother's Full Name Mother's Maiden Name

TWO WITNESSES REQUIRED:

Signature Signature

Address Address

Zip Code Zip Code

() ()
Area Code Phone Area Code Phone

* * * * * * * * *

IF ASHES ARE TO BE RETURNED:

Name () Area Code Phone

Address

Zip Code Relationship