

THE ANATOMICAL BOARD OF THE STATE OF FLORIDA

CREMATED REMAINS FORM

I \_\_\_\_\_, \_\_\_\_\_ of the deceased \_\_\_\_\_  
(relationship)

DO, DO NOT (*circle one*) want his/her cremated remains returned after use.

I understand that medical studies may take up to two years to be completed before the cremated remains can be returned.

This form authorizes the Anatomical Board to forward the cremated remains via certified mail to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature) (Date)