



**CREMATED REMAINS FORM**

I, \_\_\_\_\_(your name), \_\_\_\_\_(relationship) of the donor  
\_\_\_\_\_ (donor's name) **DO / DO NOT** 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