

THE ANATOMICAL BOARD OF THE STATE OF FLORIDA

DEDICATION FORM

I, _____ the undersigned desire that my body, at the time of my death, be given to the Anatomical Board of the State of Florida for use in medical education. It is understood that the Anatomical Board of the State of Florida can accept my body only if I become deceased within the geographical limits of the State of Florida or if agencies or individuals other than the Anatomical Board assume responsibility for returning my body to the State of Florida. It is further understood that the Anatomical Board reserves the right to refuse acceptance if the condition of the remains is not satisfactory to teach and study normal anatomy.

It is also understood that this is a legal document in that it is a statement of my wish and intention to dedicate my body for medical use, as provided in Chapter 245, Florida Statutes. In order that this wish be promptly and effectively carried out after my death, I accept responsibility for obtaining the consent of all my relatives or close friends likely to have concern about the final disposition of my body.

It is possible that an individual's body may be utilized for research or medical education outside of the State of Florida. Kindly strike out the appropriate word/words in the statement below to indicate approval or disapproval of such use. Also place your initials at the end of the statement.

I (do) (do not) object to utilization of my body for research or medical education in an approved institution outside the State of Florida _____.
(Initial above)

Signed in the presence of these witnesses on this _____ day of _____, 200 ____.

Signature _____

Address _____

City & State _____

Zip Code _____

Witness:

Witness:

SIGNATURE

SIGNATURE

ADDRESS

ADDRESS

CITY & STATE

CITY & STATE

ZIP CODE

ZIP CODE

PLEASE RETURN ONE COPY OF THIS FORM TO THE MIAMI OFFICE TO BE PUT ON FILE AND RETAIN THE OTHER COPY FOR YOUR PERSONAL RECORDS.