

# Montana Body Donation Program

Montana State University  
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Print this form. Fill in all information and have TWO people sign as witnesses, the first preferably being a next-of-kin. Make three copies of the form. Distribute the three **signed** forms as follows: 1<sup>st</sup> copy retained by donor; 2<sup>nd</sup> copy to funeral home, next-of-kin, attorney or physician; 3<sup>rd</sup> copy to the Montana Body Donation Program.

## DECLARATION OF CONSENT

I hereby direct that my body be given, upon my death, to the Montana Body Donation Program, Montana State University at Bozeman, Montana, for purposes of medical study, teaching. **I fully understand that my body bequeathal may not be accepted.**

This declaration, including my choices initialed on the back of this form, is executed with my full knowledge and consent:

_____ Name of Donor (print or type)	_____ Address
_____ Signature of Donor	_____ Phone
_____ Date Signed	_____ Birth Date of Donor

***Please notify the Montana Body Donation Program of any change of address.***

Signed by the donor and the following two witnesses in the presence of each other:

**Witness No. 1:**

**Witness No. 2:**

\_\_\_\_\_  
Next of kin *{Please type or print name}*

\_\_\_\_\_  
*{Please type or print name}*

\_\_\_\_\_  
*{Signature}*

\_\_\_\_\_  
*{Signature}*

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

**Choice for transportation arrangements beyond 250 miles of Bozeman:**

Because of budgetary and time constraints, it may not always be possible to accept donations from beyond 250 road miles of Bozeman, unless the survivors or estate help pay transportation costs. If I should die at a distance of more than 250 road miles from Bozeman, Montana, it is my wish that:

- (Initial one)    \_\_\_\_\_ My estate or next of kin pay the additional cost, if any, of transporting my body more than 250 miles in a timely manner to Montana State University.
- \_\_\_\_\_ My body be delivered to another medical school.
- \_\_\_\_\_ This gift be null and void.

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**Choice for final disposition of remains after completion of studies:**

- (Initial one)    \_\_\_\_\_ I agree that my remains be cremated and then returned to the family, at no expense to my estate or next of kin.
- \_\_\_\_\_ I agree that my remains be cremated and then buried in a shared plot and coffin, without a named stone, in the Bozeman City Cemetery, at no expense to my estate or next of kin.
- \_\_\_\_\_ I agree that my remains be buried in a shared plot and coffin, without a named stone, in the Bozeman City Cemetery, at no expense to my estate or next of kin.

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**Permission for retaining internal organs or other anatomical specimens for use as teaching demonstrations:**

- (Initial one)    \_\_\_\_\_ Yes, I provide permission to allow the Montana Body Donation Program to keep internal organs or other anatomical specimens for use as teaching demonstrations for future medical students and others in health-related professions. The involved internal organs or anatomical specimens will be buried at some indefinite time in the future with other organs from similar teaching demonstrations and will not be returned or buried with the remains.
- \_\_\_\_\_ No, I do not provide permission for the Montana Body Donation Program to keep internal organs or other anatomical specimens to use as demonstrations for future teaching purposes.