

Montana Body Donation Program

Montana State University

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937 Highland Blvd, Ste 5220
Bozeman, MT 59715

DECLARATION OF CONSENT

Directions: Complete this form with two witnesses, the first preferably being a next-of-kin. Three **signed** copies should be distributed as follows: the 1st to be retained by the donor, the 2nd to be given to a local funeral home, and the 3rd to be returned to the Montana Body Donation Program.

I hereby direct that my body be given, upon my death, to the Montana Body Donation Program as part of Montana State University in Bozeman, Montana for purposes of medical study, and 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

City, state, zip

Date signed

Phone

Date of birth

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

Witness No. 1 / Next-of-kin

Witness No. 2

Name (print/type)

Name (print/type)

Signature

Signature

Relationship

Relationship

Address

Address

City, state, zip

City, state, zip

Phone

Phone

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 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.