

Montana Body Donation Program

Montana State University

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Bozeman, MT 59715

NEXT OF KIN DECLARATION OF CONSENT

Directions: Complete this form with two witnesses. Three **signed** copies should be made; one to be kept by the next-of-kin, another to be given to a local funeral home, and the third to be sent to the Montana Body Donation Program.

This form to be used by legal next-of-kin when the donor is unable to execute the consent themselves or has died before signing a Declaration of Consent.

The choices on the back of this form are considered part of the declaration.

I, being nearest kin of _____, do hereby consent to the use of his/her body after death, for medical education by the Montana Body Donation Program of Montana State University. To the best of my knowledge this generous gift was the wish of the deceased. **I fully understand that this bequeathal may not be accepted.**

Name (next of kin)

Signature

Relationship

Date Signed

Address

Phone

City, state, zip

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

Witness 1:

Witness 2:

Name (print/type)

Name (print/type)

Signature

Signature

Date

Date

Relationship to donor

Relationship to donor

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.