

## Montana Body Donation Program

Montana State University  
937 Highland Blvd, Ste 5220  
Bozeman, MT 59715  
(406) 994-6516  
(406) 994-4398 (Fax)  
[wwamiaid@montana.edu](mailto:wwamiaid@montana.edu)

### **NEXT OF KIN DECLARATION OF CONSENT**

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.**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Signature of next of kin)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Date)

**NOTE: Please complete information on back of page. →→**

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

**Witness:**

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

**Witness:**

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

Note: Two copies of this form are to be signed. The next-of-kin keeps one copy. Please send the other copy to the Montana Body Donation Program, Montana State University, 937 Highland Blvd, Suite 5220, Bozeman, MT 59715

*Please notify the Montana Body Donation Program of any change of 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) \_\_\_\_\_ The 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.
- \_\_\_\_\_ The remains 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 the remains be cremated and then returned to the family, at no expense to the estate or next of kin.
- \_\_\_\_\_ I agree that the remains be cremated and then buried in a shared plot and coffin, without a named headstone, in the Bozeman City Cemetery, at no expense to the estate or next of kin.
- \_\_\_\_\_ I agree that the remains be buried in a shared plot and coffin, without a named stone, in the Bozeman City Cemetery, at no expense to the 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.