

# Montana Body Donation Program

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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 1<sup>st</sup> to be retained by the donor, the 2<sup>nd</sup> to be given to a local funeral home, and the 3<sup>rd</sup> to be returned to the Montana Body Donation Program.

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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.** Furthermore, I understand that funeral homes may charge professional fees beyond what the body donation program covers. 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.

\_\_\_\_\_ 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.

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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 teaching. 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.