

**UT SOUTHWESTERN
MEDICAL CENTER**

WILLED BODY PROGRAM

5323 HARRY HINES BLVD. / DALLAS, TEXAS 75390-9143 / 214-648-2221 FAX 214-648-4506

I, _____ and next-of-kin of said _____, do hereby give and grant the body of my beloved _____ to UT Southwestern Medical School for medical teaching and research purposes. I do hereby direct the Willed Body Program at UT Southwestern, Dallas, Texas, 214-648-2221, to deliver the unembalmed remains of my _____ to the Anatomical Board of the State of Texas at UT Southwestern Medical School. I do hereby relinquish all rights and claims to the body of my _____ and do grant unto the said medical school full rights to use said body for medical teaching and research purposes and ultimately to dispose of the body by cremation.

I authorize the Anatomical Board of the State of Texas to transport the willed/donated body herein described out of the State of Texas in the event that the holding institution and the Executive Secretary of the Board have determined that an excess of bodies for scientific uses currently exists in the State of Texas.

In accepting and using this body for the prescribed purposes, and disposing of the body, I relinquish all rights and claims regarding hereon described body, by any person whatsoever, and direct that in accepting and using this body for scientific purposes, and disposing of the body, neither the Anatomical Board of the State nor the receiving institution shall incur any liability, and no claim shall arise against that institution in any manner.

Complaints or inquiries regarding a willed or donated body should be directed to the Secretary-Treasurer of the Anatomical Board of the State of Texas. The name and address of this individual may be obtained from the institution to which the body was delivered.

ARE CREMATED REMAINS TO BE RETURNED? YES NO

If cremated remains are to be returned, you will be contacted by phone and by letter prior to delivery. This is usually in four to twelve months. It may not be possible to comply if the request is made at a later date or if cremated remains are not available because of the nature of the medical research.

Witness my hand this _____ day of _____, _____.

Signature - NEXT OF KIN: _____ Address: _____

City _____ State _____ Zip Code _____ (_____) _____ (_____) _____
TELEPHONE - HOME WORK

WITNESSED BY:

Signature

Address

City, State, Zip Code

(_____) _____
TELEPHONE

WITNESSED BY:

Signature

Address

City, State, Zip Code

(_____) _____
TELEPHONE