

# Idaho State University Anatomical Donation Program

Telephone (208) 282-4150. (After hours or on weekends call Downard Funeral Home  
(208) 233-0686)

I hereby declare that I wish my body to be turned over immediately after death to Idaho State University as an anatomical gift to be preserved and used for purposes of health professions, teaching and research.

**I UNDERSTAND THAT THE UNIVERSITY RESERVES THE RIGHT UNDER CERTAIN CIRCUMSTANCES (DESCRIBED IN WHO MAY DONATE) TO DECLINE THE DONATION.**

Signature of Donor \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**WITNESSES: (2)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Do **Not** return cremains

Return cremains to \_\_\_\_\_

Distribution: 1. your Files 2. to Next-of-Kin, Attorney or Physician 3. to ISU

# Idaho State University Anatomical Donation Program

*By Next of Kin or Other Authorized Program*

Telephone (208) 282-4150. (After hours or on weekends call Downard Funeral Home  
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I hereby make this anatomical gift of the body of \_\_\_\_\_

Check the appropriate boxes and fill in the appropriate blanks to describe your relationship to the deceased and your desires concerning the anatomical donation.

I am the surviving:  spouse;  adult son or daughter;  parent;  adult brother or sister;  
 guardian; or  other, authorized to dispose of the body: I give the body of the deceased to  
Idaho State University for the purpose of health professions, teaching and research.

**I UNDERSTAND THAT THE UNIVERSITY RESERVES THE RIGHT UNDER  
CERTAIN CIRCUMSTANCES (DESCRIBED IN WHO MAY DONATE) TO DECLINE  
THE DONATION.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**WITNESSES: (2)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Do **Not** return cremains

Return cremains to \_\_\_\_\_

Distribution: 1. your Files 2. to the Funeral Home 3. to ISU