

**THE TEXAS A&M UNIVERSITY SYSTEM
HEALTH SCIENCE CENTER
COLLEGE OF MEDICINE
NEUROSCIENCE & EXPERIMENTAL THERAPEUTICS**
College Station, Texas 77843-1114
(979) 845-4914

BEQUEST FORM

I, _____ the undersigned, wish that subsequent to my death, The Texas A&M University System Health Science Center's College of Medicine, as a representative of the Anatomical Board of the State of Texas, receive my body for medical education purposes. However, to assure that maximum benefit is derived from this contribution, I authorize The Texas A&M University System Health Science Center's College of Medicine to transfer my body to other teaching or research institutions within the State of Texas, as determined by the Anatomical Board of the State of Texas, if the needs of such institutions are deemed appropriate. Moreover, 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 currently exists in the State of Texas.

In addition, I understand that I cannot be guaranteed that my body will be acceptable at the time of my death. If I am over 6' 1" feet tall, obese or emaciated, have a contagious disease, if my body is damaged by severe trauma (e.g., by violent death), if organs or parts are removed (e.g., for transplantation), or if an autopsy is performed, my body will not be acceptable for the Willed Body Program. If the Department of Neuroscience & Experimental Therapeutics (formerly Anatomy and Medical Neurobiology) is unable to use my body for these or other reasons, my survivors will need to make other arrangements for the final disposition of my body. If my body is acceptable, I authorize release of pertinent radiographs and information from my medical records to officials of the above named institution, for the purpose of enhancement of the use of my body in medical education and/or research.

I hereby relinquish all rights and claims regarding my body by any person whatsoever, and direct that in accepting and using my body for medical education purposes and disposing of my body, neither the Anatomical Board of the State of Texas nor the receiving institution shall incur any liability, and no claim shall arise against that institution in any manner. I understand that complaints or inquiries regarding a willed or donated body should be directed to the Executive Secretary 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 and is also listed in the Texas State Telephone Directory.

Do you want the ashes returned to the family? YES NO
(If "YES", there will be a modest \$100.00 charge for this service. If "NO", the ashes will be buried or scattered in a local Bryan/College Station cemetery at the expense of the Department.)

Ashes to be returned to: _____

NAME		RELATIONSHIP	

ADDRESS			

CITY	STATE	ZIP	PHONE #
_____	_____	_____	_____

(continued on back)

WITNESS MY HAND this _____ day of _____, 20_____.

Donor's Signature: _____

Donor's Printed Name: _____

Donor's Address: _____

Donor's Phone Contact Phone Number: _____

Donor's Social Security #: _____ Donor's Date of Birth: _____

Donor's Height: _____ Donor's Weight: _____

Signature and addresses of two (2) witnesses, preferably anticipated survivors:

I, the undersigned witness, hereby certify that I am over 21 years of age on this date and that I have witnessed the signature of the above Donor.

Witness's Signature Witness's Printed Name Relationship to Donor

Witness's Address

Witness's Telephone Number _____

Witness's Signature Witness's Printed Name Relationship to Donor

Witness's Address

Witness's Telephone Number _____