

Idaho State University Anatomical Donation Program

By Next of Kin or Other Authorized Program

Telephone the Downard Funeral Home at (208) 233-0686 or for questions call (208) 282-4150.

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 _____

Priority Mail; Shipping costs will apply.
Approx. \$40.00 ~ \$80.00

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