

# Donor Enrollment Form

## *Anatomical Gift Association of Illinois*

1540 South Ashland Avenue, Suite 104 • Chicago, Illinois 60608 • Telephone: 312-733-5283

PLEASE PRINT OR TYPE NAME OF DONOR	SOCIAL SECURITY NUMBER
Street Address, City, State, ZIP Code	Telephone
SIGNATURE OF DONOR	DATE

Being of sound mind and disposition, and desiring to be of service to society, do hereby stipulate that the above named, upon demise, be used in whatever manner appropriate for the training of medical personnel and the advancement of medical science through education and research.

The Anatomical Gift Association of Illinois (AGA), the official representative of all the medical schools in the state, will receive, prepare and distribute the remains for medical education and research at its discretion. However, the AGA, on behalf of these institutions, reserves the right to decline the gift if, in its opinion, the gift is not suitable for the above purpose.

I further understand that at any time prior to death I may revoke this bequest by written communication to the AGA.

The next-of-kin or executor will arrange to have the unembalmed remains forwarded immediately to the AGA.

**Please check one of the following and provide us with information for the disposition of ashes.**

- Ⓒ Ashes are to be disposed of in accordance with the laws of the State of Illinois by the AGA, its represented medical schools and/or its agents at the expense of the AGA.
- Ⓒ Ashes are to be sent, at the expense of the AGA, to

\_\_\_\_\_, whose address is

<b>NAME OF FIRST WITNESS (Please print):</b>	<b>NAME OF SECOND WITNESS (Please print):</b>
<b>Street Address:</b>	<b>Street Address:</b>
<b>City, State and ZIP Code:</b>	<b>City, State and ZIP Code:</b>
<b>Telephone:</b>	<b>Telephone:</b>
<b>Signature and Date:</b>	<b>Signature and Date:</b>

***PLEASE INFORM YOUR FAMILY MEMBERS OF YOUR DECISION TO DONATE TO THE AGA AND KEEP US INFORMED OF YOUR ADDRESS AND TELEPHONE NUMBER IN THE EVENT YOU MOVE***