

Donor Enrollment Form

Anatomical Gift Association of Illinois

1540 South Ashland Ave., Suite 104 • Chicago, IL 60608 • Phone: 312-733-5283 • Fax: 312-733-5079
info@agaillinois.org • www.agaillinois.org

NAME OF DONOR – PLEASE PRINT OR TYPE

X X X – X X –
SOCIAL SECURITY NUMBER (last four digits only)

Street Address

City, State, ZIP Code

Telephone

Being of sound mind and disposition I do hereby stipulate that the remains of the above named, upon death, be used in whatever manner deemed necessary and appropriate by the Anatomical Gift Association of Illinois (AGA). I understand that such use may involve display of anatomical structures for educational, research, and training purposes.

I understand that the next-of-kin, executor or other responsible individual must arrange to have the unembalmed remains transferred to the AGA by a licensed funeral director immediately after death. The expense of the transportation, death certificate, and cremation permit, as set by a funeral home, is the responsibility of the donor's family or estate. I also understand that the AGA reserves the right to decline the gift if, in its opinion, the gift is not suitable for donation for any reason. In the event of refusal of remains, I understand that the next-of-kin, executor or other responsible individual assumes responsibility for making alternative arrangements.

The AGA will receive, prepare, preserve and distribute the remains. I authorize the release of medical information concerning the donor to the extent it is known. I am aware that donations may be used for two years or more and that no formal report or results from study will be released. I hereby certify that no other relative or party in interest has objected to this donation. I understand that my body, and the tissues derived thereof, will be treated with dignity, sensitivity and care. I further understand that at any time prior to death one may revoke intended donation by written communication to the AGA. I acknowledge that in reviewing and signing this document I have had the opportunity to review it with someone I trust.

Signature of Donor or Responsible Individual

Date

Please select ONE option below to determine the final disposition of the intended donation:

1. Return Ashes - I request that ashes be returned to the address specified below at the expense of the AGA. Cremation shall occur upon conclusion of service, which may be two years or more. Please return ashes to:
_____, whose address is, _____
_____ and phone, _____.
2. No Ashes - Ashes will **NOT** be returned and will be interred in accordance with the laws of Illinois.
3. Perpetual Donation - Part or all of my body may be retained or permanently preserved for teaching and related purposes. I understand that part or all of my remains may be cremated and any ashes will **NOT** be returned. The AGA will provide no information on final disposition.

FIRST WITNESS –Name and relationship to donor (Please print):	SECOND WITNESS –Name and relationship to donor (Please print):
Street Address:	Street Address:
City, State, and ZIP Code:	City, State, and ZIP Code:
Telephone:	Telephone:
Signature and Date:	Signature and Date:

Please retain a copy of the signed form for your records and keep us informed of your address and phone number in the event that you move.
Please inform your loved ones' of your decision to donate so they can honor your wishes.

October 9, 2015