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- ✓ Please fill out Both Copies
- ✓ Send one copy to the Division of Integrated Didactics
- ✓ Keep one copy for your records

MEHARRY MEDICAL COLLEGE

Anatomical Donation Program

Date_____

I hereby donate my body, after death, to the Anatomical Donation Program of Meharry Medical College

Print Last Name	Middle initial	First Name	M ○ F ◉ Gender	Soc. Sec. No. (optional)

Street Address	City	State	Zip Code

Your Signature

Witness #1 Witness #2

Next of Kin: Name _____ Phone _____

Full Address _____

Keep this copy for your records

Mail to:

Anatomical Donation Program,
Division of Integrated Didactics,
Meharry Medical College,
1005 Dr. D. B. Todd Blvd.
Nashville, TN 37208-3599

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