

**Instructions:**

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



**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	Gender	Soc. Sec. No. (optional)
			M <input type="checkbox"/> F <input type="checkbox"/>	

\_\_\_\_\_

Street Address	City	State	Zip Code
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\_\_\_\_\_

Your Signature

\_\_\_\_\_

Witness #1	Witness #2
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Next of Kin: Name \_\_\_\_\_ Phone \_\_\_\_\_

Full Address \_\_\_\_\_

**Keep this copy for your records**

