

QUINNIPIAC UNIVERSITY

Anatomical Gift Program DOCUMENT OF GIFT

Pursuant to Chapter 368, Section 19a-279 of the Connecticut General Statutes: I hereby give my body, to be delivered after death, to the Anatomical Gift Program of Quinnipiac University and the Frank H. Netter MD School of Medicine.

DONOR

Signature Date

Printed Name Date of Birth

Street Address of Donor Town State Zip Code

Best Telephone Email

WITNESSES

The DONOR signed this Authorization for Anatomical Donation, and we, in the Donor's presence and at the Donor's request, have provided our names as witnesses to the Donor's signature. We state that the Donor appears to be at least eighteen years of age and appears to be of sound mind and not under or subject to undue influence.

Witness 1

Signature Date

Printed Name

Street Address of Witness 1 Town State Zip Code

Best Telephone Email

Relationship to Donor

Witness 2

Signature Date

Printed Name

Street Address of Witness 2 Town State Zip Code

Best Telephone Email

Relationship to Donor

QUINNIPIAC UNIVERSITY

SUPPLEMENTARY INFORMATION ABOUT DONOR

Please include the following information with the donation form and return to: Mr. Jesse Gomes, Director of Operations of the Human Anatomy Laboratory and Anatomical Gift Program, 275 Mount Carmel Avenue, NH-MED, Hamden, Connecticut 06518

This information is used to complete the death certificate and is kept confidential and secure in the office the University's Licensed Funeral Director/Director of Operations of the Human Anatomy Laboratory and Anatomical Gift Program.

Full Legal First Name	Full Legal Middle Name/Initial	Full Legal Last Name
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Sex (Male or Female)	Date of Birth (MM/DD/YYYY)	Birthplace (City, State or Foreign Country)
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Residence State	Residence County	Residence City/Town
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Residence Street and Number	Apartment Number	Zip Code
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Armed Forces (Yes or No)	Branch
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Marital Status (Married/Married but Separated/Widowed/Divorced/Never Married)

Spouse's Full Legal Name (If wife, name prior to first marriage)

Father's Full Legal Name (First, Middle, Last)

Mother's Full Legal Name (First, Middle, Last-Prior to First Marriage)

Informant's Name (Next of Kin)	Informant's Relationship
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Informant's Residence State	Residence City/Town
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Informant's Residence Street and Number	Apartment Number	Zip Code
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Donor's Highest Level of Education (8th grade or less/9th-12th grade no diploma/high school Graduate or GED/some college but no degree/Associates degree/bachelor's degree/Doctoral or Professional Degree)

Hispanic Origin (Yes or No: If Yes: Mexican, Puerto Rican, Cuban, Other-Latino-specify)

Donor's Usual Occupation (Example: Teacher, do not use retired)

Donor's Type of Business/Industry (Example: Education, do not use retired)	Donor's Social Security Number
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QUINNIPIAC UNIVERSITY

Name

Street Address Town State Zip Code

I request that immediately after my death, the university be notified by calling 203-582-6587. A licensed Funeral Director will be in contact with you to arrange the removal of deceased

I understand that the university has the right to refuse any body that is not suitable for its program.

Donor's Signature

Quinnipiac

Frank H. Netter MD
School of Medicine

DONATION OF BODY IDENTIFICATION AND AUTHORIZATION CARD

My body has been donated to the
Anatomical Gift Program at the
Frank H. Netter MD School of Medicine