



Carver College  
of Medicine

# DEED OF DISPOSITION OF BODY FOR SCIENTIFIC PURPOSES

Phone: (319) 335-7762 [www.medicine.uiowa.edu/acb/dbp](http://www.medicine.uiowa.edu/acb/dbp) Fax: (319) 353-4394

I/We, (Mr., Ms., Mrs., Miss.) \_\_\_\_\_  
Your Name and Relationship (Please Print)

of \_\_\_\_\_  
Address City and State Zip Code

Do hereby declare I/we am/are the legal next of kin of \_\_\_\_\_, whose address is \_\_\_\_\_ and that I/we hereby grant and dispose of his/her body to the Carver College of Medicine at the University of Iowa, Iowa City, Iowa, and I/we authorize the medical faculty to use said body without restrictions, for such purposes as it deems most useful to medical science, including use by other educational institutions.

I/we understand it is necessary that the family, or estate, to defray the transportation and professional service fees of the Funeral Director in making the body available for scientific study.

In witness whereof, I/we have hereunto affixed my/our signature(s) this \_\_\_\_\_ day of \_\_\_\_\_,

in the year 20\_\_\_\_\_, at \_\_\_\_\_  
City State

\_\_\_\_\_  
Signature of Next of Kin Relationship Donor Social Security Number

\_\_\_\_\_  
Signature of Next of Kin Relationship Donor Date of Birth

Signed by the Next of Kin and the following two witnesses in the presence of each other:

\_\_\_\_\_  
Witness Witness

This is a legal document under the Uniform Anatomical Gift Act or similar laws.

**DO NOT MAKE ANY ADDITIONS OR CORRECTIONS TO THIS FORM**

**FALSIFICATION OF THIS DOCUMENT COULD LEAD TO REJECTION AT TIME OF DEATH**

Send the Original of this Deed, Medical History Form, Donor Information Sheet, and the Final Disposition Option Form to:

**Department of Anatomy and Cell Biology  
1-402 Bowen Science Building  
Iowa City, IA 52242**

Department of Anatomy and Cell Biology Daytime Telephone:  
(319) 335-7762

Nights, Weekends, and Holidays Telephone:  
(319) 356-1616

Retain a completed copy of forms for your files.

**Ask for the Deeded Body Staff Member on call**

**PLEASE NOTIFY THE DEPARTMENT OF ANY CHANGE OF ADDRESS**