



Carver College
of Medicine

DEED OF DISPOSITION OF BODY FOR SCIENTIFIC PURPOSES

Phone: (319) 335-7762 <https://acb.medicine.uiowa.edu/deeded-body-program> 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 am the legal Power of Attorney for _____, 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 Power of Attorney Relationship Donor Social Security Number

Donor Date of Birth

Signed by the Power of Attorney 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