



Carver College
of Medicine

DEED OF DISPOSITION OF BODY FOR SCIENTIFIC PURPOSES

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

I, (Mr., Ms., Mrs., Miss.) _____
First, Middle, Last (Please Print Name)

of _____
Address City and State Zip Code

Do hereby declare that I am at least eighteen years of age and competent to make this decision, that it is my wish that my body, if medically acceptable after my demise, be used without restriction for scientific purposes for the advancement of medical teaching and study, including use by other educational institutions.

I do therefore grant and dispose of my body to the Carver College of Medicine at the University of Iowa, Iowa City, Iowa, and I authorize the medical faculty to use said body for such purposes as it deems most useful to medical science.

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

In witness whereof, I have hereunto affixed my signature the _____ day of _____,
in the year 20_____, at _____
City State

Signature of Donor Date of Birth Social Security Number

Signed by the Donor 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