IOWA
Carver College of Medicine

Deeded Body Program

FINAL DISPOSITION OPTION FORM

Phone: (319) 335-7762 https://acb.medicine.uiowa.edu/deeded-body-program Fax: (319) 353-4394

Donor's Name (First, Middle, Last): _____

At the University of Iowa Department of Anatomy and Cell Biology, respect for the dead is our principle concern. As one expression of this respect, the known wishes of the donor, and his or her supervisor(s), regarding final disposition are observed to the letter. To make certain that there can be no misinterpretation, please indicate your current wish in this matter, ***SIGN THE FORM***, and return it to the Deeded Body Program.

******CREMATED REMAINS WILL NOT BE SPLIT******

☐ **Option (1)**

Cremation with the cremains to be returned, at the expense of the Department of Anatomy and Cell Biology, to: ☐ Individual ☐ Funeral Home

_____

(Name of Individual, or Funeral Home)

_____

(Address)

_____

(City, State, Zip Code)

☐ Please check for designated individual to be notified of the Annual Memorial Service.

☐ **Option (2)**

Cremation with burial of the cremains in the University of Iowa Deeded Body Program Plot at Oakland Cemetery, Iowa City, at the expense of the Department of Anatomy and Cell Biology. ***By choosing this option, your designated individual will be notified of the annual Memorial Service.***

REQUIRED ************** COMPLETE BELOW FOR AUTHORIZATION ******************

_____

(SIGN NAME) **(Relationship/Self/Donor)**

_____

(Address)

_____

(City, State, Zip Code)