INSTRUCTION FOR COMPLETING NEXT OF KIN FORM

Anyone eighteen years of age or older may authorize use of his or her deceased body. Additionally, certain relatives and guardians may consent on behalf of a deceased individual. The following individuals, listed in order of priority, may consent if the individuals in the previous class are not available: (1) the spouse, (2) an adult son or daughter, (3) either parent, (4) an adult brother or sister, (5) a guardian of the decedent at the time of death, and (6) any other person authorized under obligation to dispose of the body. It is important that you read and understand all elements of the donation process prior to completing this form. This form does not need to be notarized. Witnesses must be at least 18 years old and a disinterested party.

Instruction for areas designated by numbers is as follows:

(1). Print your full legal name.
(2). Print decedent’s legal name.
(3). Print the birth date of the decedent.
(4). Consenter must initial that they have read all of the elements of the consent which includes “I understand that,” “I state and affirm,” and “I consent to”. (If you did not download this consent from our website, the “I understand that” section is printed on the back of the canary-colored copy).
(5). This is the signature line requiring your signature as the consenter.
(6). Date your signature. The date must include day, month and year.
(7). Print your complete mailing address including ZIP Code. This may be different than your residing address.
(8). Telephone number. This allows us to quickly communicate with you if something is missing from your consent.
(9). Witness must sign and print their name. Witness must be present when consenter signs and must be a disinterested party.
(10). Witness must date their signature. The date must include the day, month and year. The signature page must be returned to Life Science Anatomical. This document may be delivered and returned by way of facsimile, and the signatures shall be considered original and binding on the party signing as conclusive evidence of his or her signature, as if such signatures were original signatures. The canary colored copy (if you did not download this consent from our website) is yours to keep. If this consent was downloaded from our website, please make a copy of the completed form. It is recommended that the copy be kept with your important papers or given to the individual(s) who will oversee your estate.

I understand that:
1. In order for Life Science Anatomical to maximize the use of the body, extensive surgical dissections and disarticulations must occur. Cells, fluids, specimens, organs, tissues, and connected tissues both large and small, will be obtained from the body from these surgical procedures. The nature of these procedures will reduce the body from its original size and/or shape.
2. There is no guarantee that the body will be acceptable for Life Science Anatomical’s service as certain diseases, risk of diseases, or circumstances may occur to make the body unsuitable for this purpose.
I understand that:
3. Both not-for-profit and for-profit medical research and education entities compensate Life Science Anatomical for recovery, preparation, testing, storage, distribution and recordkeeping services using the body to facilitate the process.
4. In order for Life Science Anatomical to maximize the use of the body, it may be necessary to make available cells, fluids, specimens, organs, and tissues to researchers and educators in other countries if they cannot be placed in the United States.
5. In strictest confidence, Life Science Anatomical will obtain and review copies of the deceased’s medical record. Someone from Life Science Anatomical will talk to me or my family or decision maker about the deceased's medical history.
6. There will be no cost to me or the deceased’s estate for any necessary actions or procedures involved to implement this consent for the use of the body.
7. Life Science Anatomical will not be obligated to pay or compensate me or any member of my family for the use of the body.
8. Financial charges unrelated to facilitating the use of the body will be the responsibility of the deceased’s estate.
NEXT-OF-KIN CONSENT FOR USE OF DECEASED’S WHOLE BODY

I, ___________________________________________________________ 1) am the legal next-of-kin of; ___________________________________________________________ 2), the deceased whose date of birth is ______________________________ 3). I hereby authorize Life Science Anatomical to freely direct or perform all of the necessary steps, procedures and preparatory requirements to enable the body of the deceased to be used for supporting medical education/research and/or medical scientific purposes.

I state and affirm:
1. I am at least 18 years old and of sound mind to give this consent.
2. I am the legal next-of-kin of the deceased and am authorized by law to give consent for the use of the deceased’s body for medical education/research and/or medical scientific purposes.
3. My initial signifies that I have read the previous “I understand that” section (4) [____________________] [X] Initial.
4. I agree that the part of the body not procured or used for medical education/research and/or medical scientific purposes to be deemed the body, and cremated as its final disposition by any state licensed or authorized crematory.
5. I agree that all procured cells, bodily fluids, specimens, organs, tissues, and connected tissues both large and small be deemed as such and to be medically cremated in any authorized facility after their medical use as required/authorized by applicable state or federal law and not returned to anyone.

I consent to:
1. Life Science Anatomical directing the preparation and transfer of the deceased’s body to any facility/location and by any means necessary in their sole discretion within the confines of applicable state and federal law.
2. A blood draw from the deceased’s body so that infectious communicable disease testing may take place, including HIV and Hepatitis B/C, or the release of serological test results for infectious communicable disease testing from a third party to Life Science Anatomical.
3. The release of any/all medical information and medical record including autopsy results of the deceased (if performed) to Life Science Anatomical, to be held in strictest confidence.
4. The surgical dissection and disarticulation of the whole body as Life Science Anatomical sees fit in their sole discretion, to maximize and facilitate the use of the deceased’s body for medical education and/or medical scientific purposes.
5. The distribution of cells, fluids, specimens, organs, tissues, and connected tissues large and small originating from the body for medical research/education and/or medical scientific purposes as accepted by Life Science Anatomical for such medical purposes at Life Science Anatomical’s sole discretion.
6. Life Science Anatomical managing both the authorized cremation, and the return of cremated remains to the executor of the deceased’s estate using the services of any state licensed or legally authorized crematory.
7. The medical cremation of cells, fluids, specimens, organs, tissues or connected tissues large and small originating from the body after its intended medical research/educational use, following all state and/or federal applicable regulations/laws established for medical cremation, and returned to no one.

8. Indemnify and hold harmless Life Science Anatomical, employees, any funeral director or their agents, Life Science Anatomical’s tissue users or sources from any loss or damage, including incidental and consequential damage, that it incurs which results from the undersigned not having the proper authority to make this consent.

I understand that signing this consent form does not guarantee acceptance of my donation.

I Donate the: ________(Initials) Whole body WITHOUT the return of the cremated remains.

I Donate the: ________(Initials) Whole body WITH the return of a partial amount of cremated remains.

____________________________________________________(5) _________________________(6)
Signature of Consenting Individual                Date

_________________________________________________(7)(_______)_______________________(8)
Complete Mailing Address of Consenter                Daytime Phone Number

__________________________________________________________________________________
City, State, Zip Code

______________________________________________________(9)_______________________(10)
Printed Name and Signature of Witness                Date
CREMATION AUTHORIZATION AND ORDER FOR DISPOSITION
DESERT CREMATORY/LIFE SCIENCE ANATOMICAL AUTHORIZATION

I (We), the undersigned (the “Authorizing Agent(s)”), hereby request the above named Tissue Bank to take possession of and make arrangements for the cremation of the decedent named below (the “Decedent”) in accordance with and subject to the provisions set forth in this document, at Desert Crematory (hereinafter referred to as the “Crematory”) and in accordance with and subject to the rules and regulations, and subject to any applicable state or local laws or regulations.

<table>
<thead>
<tr>
<th>Name of Deceased</th>
<th>Sex:</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Date of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Life Science Anatomical Representative in Charge

PACEMAKERS AND RADIOACTIVE IMPLANTS

Mechanical, radioactive devices or implants in the decedent may create a hazardous condition when placed in a cremation chamber.

ALL PACEMAKERS AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERY TO THE DECEDENT TO THE CREMATORY.

Complete one of the following:

1) The decedent’s remains do not contain a pacemaker, radioactive implant or other device that could be harmful to the crematory. The decedent’s remains are safe to cremate. Initial__________.

2) The following list contains all existing devices implanted in or attached to the decedent that should be removed prior to cremation:__________________________
CREMATION PROCESS

Cremation is a technical process using heat and flame that reduces human remains to bone fragments. The reduction takes place through heat and evaporation, Cremation shall include the processing, and may include the pulverization, of bone fragments. The human body is cremated with the casket, container, or other material in the cremation chamber. Some bone fragments are not combustible at the incineration temperature and, as a result, remain in the chamber. During the cremation, the contents of the chamber may be removed to facilitate incineration. The chamber is composed of ceramic or other material, which disintegrates slightly during each cremation, and the product of that disintegration is commingled with the cremated remains. Nearly all of the contents of the cremation chamber, consisting of the cremated remains, disintegrated chamber material and small amount of residue from previous cremations, are removed together and crushed, pulverized, or ground to facilitate inurnment or scattering. Some residue remains in the cracks and uneven places of the chamber. Periodically, the accumulation of this residue is removed and disposed of pursuant to law.

I (We hereby certify that the Decedent left the following Survivors):

Spouse _____YES_____NO Name: ________________________________________________

Children_____YES_____NO  How Many? _____ Names: _____________________________

Parents_____YES_____NO  How Many? _____ Names: _____________________________

Siblings_____YES_____NO  How Many? _____ Names: _____________________________

Other: (names and relationships ______________________________________________________________________

____________________________________________________________________

If the legal next of kin or if all persons of the same degree of kinship are not signing below, a written explanation (Explanation of Inability to Obtain Signatures) must be completed by the person(s) signing below as Authorizing Agent(s). Separate authorizations, if necessary, shall be attached to and considered part of, this form.
SIGNATURE OF AUTHORIZING AGENT(S)

This is a legal document. It contains important provisions concerning cremation. Cremation is irreversible and final. Read this entire document carefully before signing.

By executing this cremation authorization form, as Authorizing Agent(s), the undersigned warrants that all representations and statements contained on this document are true and correct, that these statements were made to include the above named crematory and tissue bank to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on all three pages of this document.

Executed at__________This______Day of_______20____

NAME: ____________________________________________________________________
Signature_________________________________________________________________
Relationship: _________________________Phone No._________________________
Address:__________________________________________________________________

NAME: ____________________________________________________________________
Signature_________________________________________________________________
Relationship: _________________________Phone No._________________________
Address:__________________________________________________________________

NAME: ____________________________________________________________________
Signature_________________________________________________________________
Relationship: _________________________Phone No._________________________
Address:__________________________________________________________________
Death Certificate Information - PLEASE PRINT CLEARLY

Legal Name _______________________ _____________________ ________________________  
first    middle     last

Social Security Number ________-_____-__________ Ever in U.S. Military □Yes □No

Date of Birth ___________________   City and State of Birth ___________________________________

Residence address________________________________  City _________________  State ___________

County _________________ Zip __________  Within city limits: □Yes □No ~ Years at residence _____ 

Marital Status - check one: □Married   □Married, but separated  □Widowed   □Divorced
□Never Married  □unknown

Spouse’s Name ___________________    _____________________    _________________________  
first    middle   last (maiden name if wife)

Father’s Name and place of birth

____________  _________________  ___________________  _____________________
first     middle   last   city and state of birth

Mother’s Name with last name prior to first marriage and place of birth

____________  _________________  ___________________  _____________________
first     middle   last    city and state of birth

Usual Occupation ___________________________    Industry ________________________    _______  
(Work done during most of life, not retired)                                                                                                           (yrs. worked)

Education Level - check one   Decedent’s Race – check one

__  8th grade or less    __  White
__ 9th-12th grade; no diploma    __ Black or African American
__ High school graduate    __ American Indian – Name Tribe
__ Some college credit; no diploma    __ Asian Indian
__ Associate degree    __ Chinese
__ Bachelor’s degree    __ Filipino
__ Master’s degree    __ Japanese
__ Doctorate; PhD, EdD, MD    __ Vietnamese

……………………………………… __  Other Asian – Specify ______________________

Of Hispanic Origin □Yes □No

Specify:  
□ Mexican    □ Puerto Rican
□ Cuban    □ Other

Specify ____________________  __  Other Pacific Islander – Specify ____________________

Informant or Next of Kin

Full Name ___________________   _________________  ______________________  ______________
first    middle   last   relationship

Mailing address _______________________________     ___________________   _______   _________
street number or P.O. box            city        state    zip

Date Completed _______________     Phone Number(s) ___________________   __________________