



Forensic Anthropology Center, University of Tennessee, Knoxville
Body Donation Document



I, _____, do hereby dispose of and give my
(donor's name)
 body, after my death, to The University of Tennessee, Knoxville, for use by the Department of Anthropology or its designee, for educational and research purposes. I request, authorize, and instruct my surviving spouse, next-of-kin, executor or the physician who certifies my death to notify The University of Tennessee, Department of Anthropology (telephone: (865) 974-4408), immediately after my death of the availability of my body.

Witness my hand and seal this _____ day of _____, _____,
(day) (month) (year)
 at _____.
(time)

 Donor's Signature

Address

On this _____ day of _____, _____, signed this Body Donation Document in
(day) (month) (year)
 our presence and we, as attesting witnesses, at the request of the Testator and in his/her presence and in the presence of each other have also signed this document.

WITNESSES:

Name: _____
(Print Name) (Signature)

Address: _____

Name: _____
(Print Name) (Signature)

Address: _____

