

Uniform Anatomical Gift Program

Pursuant to the provisions of the Uniform Anatomical Gift Act of the State of South Carolina
(Sections 44-43-310 through 44-43-400 Code of Laws of South Carolina, 1976, as Amended),

I, _____, being of sound mind

(Name of Donor – Please type or print clearly)

and over the age of eighteen (18) years, do hereby, effective at the time of my death, give my entire body to the Medical University of South Carolina for the purposes of health science education.

The Medical University of South Carolina reserves the right to refuse donations depending upon the condition of the body and/or the needs of this institution.

Please have alternative contingency plans made to cover this possibility.

Please check one of the following:

___ I **do** want to have my cremated remains returned to my designee for a fee.

(mark)

___ I **do not** want to have my cremated remains returned to my designee for a fee.

(mark)

Signed before two witnesses, with each in the presence of the other, this the _____ day of

_____, _____.

(month)

(year)

Donor (signature)

1st Witness (signature)

Date of Birth of Donor

Mailing address of 1st Witness

Mailing address of Donor

2nd Witness (signature)

Telephone # of Donor

Mailing address of 2nd Witness

Next of Kin

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Next of Kin

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Revised January 2008

DO NOT DUPLICATE