

# The Anatomical Board of the State of Colorado

Mailstop 8501  
13070 E. 19th Ave. Aurora, CO 80045

## ANATOMICAL GIFT

(Please Print or Type)

Date: \_\_\_\_\_

<b>NAME:</b>	First	Middle	Last	Phone Number
<b>ADDRESS:</b>	Street and No.	City		State Zip

The following information is required by the Colorado Department of Health for the filing of a Death Certificate:

Social Security Number		Date of Birth (Month, day, year)		Birthplace (City, State, or Foreign Country)	
Sex	Were you ever in the U.S. Armed Forces?	Usual Occupation	Kind of Business/Industry		
Marital Status: (Married, never married, widowed, divorced)			Name of Spouse (If wife, give maiden name)		
County of Residence		Inside City Limits?		Zip Code	
Are you of Hispanic Origin (If yes, specify Cuban, Mexican, etc.)		Race: (Am. Indian, Black, White, etc.)		Education (specify highest grade completed 0-12 or College 13-16 or 17+)	
Father's Name (even if deceased) (First, middle, last)			Mother's Maiden Name (even if deceased) (First, middle, last)		

Person to contact at time of death (relative, friend, attorney or personal representative)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Children	Name	Age	Address	Phone

I hereby express my desire to give my body to the Colorado State Anatomical Board, University of Colorado School of Medicine, for use at the discretion of the Board for education, research or other scientific purposes in Colorado or adjoining states.

Signature of/for donor \_\_\_\_\_  
by \_\_\_\_\_ Relationship \_\_\_\_\_

Signed in the presence of the following witnesses who sign in the presence of each other:

1) \_\_\_\_\_ 2) \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_

\*If donor cannot sign form, please explain briefly:

