



**ANATOMICAL BOARD OF THE  
STATE OF FLORIDA**

**University of Florida  
College of Medicine  
Health Science Center  
PO Box 100235  
Gainesville, FL 32610-0235  
Telephone: 352-392-3588**

**DEDICATION FORM**

(PRINT LEGIBLY)

I, \_\_\_\_\_, the undersigned, desire that my body, at the time of death, be given to the Anatomical Board of the State of Florida for use in education and research. It is understood that the Anatomical Board of the State of Florida can accept my body only if I become deceased within the geographical limits of the State of Florida or if agencies or individuals other than the Anatomical Board assume responsibility for returning my body to the State of Florida.

It is also understood that this is a legal document in that it is a statement of my wish and intention to dedicate my body for medical use, as provided in Chapter 406.50 through 406.61 and Chapter 765.510 through 765.514, Florida Statutes. In order that this wish be promptly and effectively carried out after my death, I accept responsibility for obtaining the consent of all my relatives or close friends likely to have any concern about the final disposition of my body. After completion of use by the University or other educational institution and unless otherwise specified below, the remains will be cremated and distributed pursuant to donor's instructions for disposition. At times, the body may possess certain unique structures, either anatomical or pathological, that would greatly benefit anatomical education and medical research and may not be recovered for cremation.

Date of Birth: \_\_ - \_\_ - \_\_\_\_

\_\_\_\_\_  
Signature

Driver License #: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

Signed in the presence of these witnesses on this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

**Witness:**

**Witness:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

Miami Office:  
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Miller School of Medicine  
Office of Medical Education  
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Miami, FL 33101-6960  
Telephone: 305-243-6691

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