

**PLEASE READ THE FOLLOWING INSTRUCTION BEFORE  
COMPLETING THE CONSENT FORM FOR BODY DONATION:**

**THIS FORM IS FOR SOMEONE WHO IS ALREADY DECEASED.**

- 1) Only the **legal** next of kin can authorize this consent form.
- 2) Complete the Consent for Body Donation form, having both witnessed by two persons aged 18 or older. We will not accept an incomplete consent form.
- 3) Fax us a copy, at 215-922-4896.
- 4) If you are requesting for your loved ones ashes to be returned to the family, a written request must be mailed to our office within a couple of months after the donor's death.
- 5) IF DEATH OCCURS OUTSIDE OF PENNSYLVANIA, N.J. OR DELAWARE, medical personnel or your family is to contact the nearest medical school or Anatomy Board to make the donation in that State. We will not make arrangements for your body to come back to Pennsylvania.

\*\*\*You do not have to fill this out if a donor form/ donor card is on file\*\*\*

Please feel free to contact our office, 215-922-4440, with any question.

Commonwealth of Pennsylvania

Area Code 215  
922-4440  
925-7469  
FAX 922-4896



P.O. Box 835  
Phila., PA 19105-0835  
info@hgrpa.org

HUMANITY GIFTS REGISTRY

CONSENT FOR TOTAL BODY DONATION

I \_\_\_\_\_, being the nearest next of kin of  
(please print your name)

\_\_\_\_\_  
(Name of deceased) ( \_\_\_\_\_ )  
relationship to deceased

consent and agree to the donation of the whole body to the Humanity Gifts Registry of the Commonwealth of Pennsylvania (HGR). It will be used for anatomical study and/or research under the auspices or with the approval of a member school of the HGR.

I also understand that the HGR may not be able to accept all donations. Examples of bodies which may be declined include but are not limited to those which have infectious or contagious diseases; are autopsied, decomposed, or obese; had recent surgery prior to death, crushing injuries in an accident, or severe contractures of limbs.

I understand, agree, and accept that studies might take up to two years, and possibly longer, for completion, and that final disposition will be cremation. I further understand, agree, and accept that no reports will be provided to the family and that there is no commitment to perform studies in regard to any particular disease.

I understand that if the cremated remains are to be returned to the family at the conclusion of the studies, it is mandatory that the next of kin notify the HGR office in writing within a month of the death of the donor. There will be no exceptions to the necessity of requesting the return in writing.

The HGR will pay \$100.00 toward the transportation cost, and I will accept responsibility for costs beyond that amount.

PLEASE COMPLETE WITH SIGNATURE, DATE, ADDRESS AND TWO (2) WITNESSES

\_\_\_\_\_  
Signature of nearest next of kin Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Phone Number

\_\_\_\_\_  
Witness Witness