



ANATOMICAL GIFT FORM
(FGCU/FIRST PARTNERSHIP)

On behalf of the Decedent, _____, I, _____,
[Decedent] [Donor]

being a member of the following class of persons pursuant to §765.512(3), Florida Statutes;

Decedent's:

- 1. ___ Spouse
- 2. ___ Adult son or daughter
- 3. ___ Parent
- 4. ___ Adult brother or sister
- 5. ___ Grandparent
- 6. ___ Guardian
- 7. ___ Other _____

and having no actual notice of contrary indications by the decedent or actual notice of opposition by any member of my same or a prior class, make an Anatomical Gift of the entire remains of the Decedent to Florida Gulf Coast University Human Identity and Trauma Analysis Program for any purpose specified by §765.513, Florida Statutes, or for any related purpose arising out of the FGCU and FIRST partnership, including education and research as approved by an appropriate institutional review board, if required, and at the direction of or under the supervision of Dr. Walsh-Haney. In making this Anatomical Gift, I expressly acknowledge that (a) once this Anatomical Gift has been made the rights of the donee are paramount to the rights of others, except as limited by law, and that these remains cannot be returned to me, (b) all persons of a higher priority who are reasonably available have been contacted and made aware of this Anatomical Gift, and (c) I have performed a reasonable search which shows that decedent would not have objected to this Anatomical Gift, or have actual knowledge of there being no objection.

IN WITNESS WHEREOF, I have set my hand and seal on this ___ day of _____, 20__.

Signed, sealed and delivered in the presence of:

Witnesses:

Signature

Printed Name/Address

Signature

Printed Name/Address

Donor:

Signature

Printed Name

STATE OF FLORIDA)

) ss.

COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____,
20__, by _____, who is personally known to me or who has produced a driver's
license as identification.

Notary Public

(SEAL)