The Anatomical Board of the State of Colorado

4200 East Ninth Avenue, Box B-111, Denver, Colorado 80262
Telephone: (303) 315-8554, or: 399-1211 (after hours)

ANATOMICAL GIFT

(Please Print or Type) Date: _____

	First	Middle	Last	Phone Number
NAME:				

	Street and No.	City	State	Zip
ADDRESS:				

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 donor _____

for

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: