Document for Donation of Deceased Person

I, (print name) _____________________________________________________, hereby donate the remains of (deceased) ___________________________________________________________ to the Colorado Mesa University Forensic Investigation Research Station for the purpose of forensic decomposition studies. By signing this document, I affirm that I am (check all that apply):

- [] an agent of the decedent at the time of death who has authority to make an anatomical gift;
- [] the spouse of the decedent;
- [] a person who is designated as a designated beneficiary of the decedent with the right to make an anatomical gift of the decedent;
- [] an adult child of the decedent;
- [] a parent of the decedent;
- [] an adult sibling of the decedent;
- [] an adult grandchild of the decedent;
- [] a grandparent of the decedent;
- [] an adult who has exhibited special care and concern for the decedent;
- [] a person who was acting as the guardian of the decedent at the time of death;
- [] a person having authority to dispose of the decedent’s body.

This list of persons authorized by law to make this donation is in descending order of precedence. If there is more than one agent of the decedent, or more than one adult child, parent, adult sibling, adult grandchild, grandparent, or guardian of the decedent reasonably available to made the decision concerning this anatomical donation, by signing this document I affirm that either none of the other members of the relevant class of persons entitled to make this decision has an objection to this donation, or, in the alternative, that a majority of the members of this class who are reasonably available concur...
with the donation. By signing this document, I also affirm that, at the time of the decedent’s death, no person in a prior class of precedence to my own is reasonably available to make, or to object to the making, of this anatomical donation.

If, at any time, the remains shall be claimed for burial by a person in a prior order of precedence to the person making this donation, then at their expense the Colorado Mesa University Forensic Investigation Research Station shall surrender the remains. The laws concerning the use of remains for the promotion of science within the State of Colorado are addressed in section 12-34-101 et seq., Colorado Revised Statutes.

My signature below indicates I do wish to donate the remains of the above-mentioned deceased on this date of ______________________, 20 _________.

_________________________________________________
Signature of Donating Person

_________________________________________________
Relationship to Deceased

Sworn and Subscribed before me this _____________, day of ________________, 20 _______.

_______________________________________
Signature of Notary Public

My Commission Expires: ______________________