

**Body Donation Document**\_\_\_\_\_  
Date\_\_\_\_\_  
Social Security Number\_\_\_\_\_  
Donor's Name (please print)  
\_\_\_\_\_\_\_\_\_\_  
Address

It is my wish that at the time of my death, my body be made available for teaching and scientific purposes to Colorado Mesa University's Forensic Investigation Research Station and that it not be returned to my next of kin or any other recipient. I understand that Colorado Mesa University will pay for transportation of my body as long as it is located within 75 miles of Grand Junction, CO.

I understand that the Forensic Investigation Research Station reserves the right to decline donations. If the Forensic Investigation Research Station is unable to use my body for these or other reasons, my next of kin must make other final disposition arrangements. The Forensic Investigation Research Station is not responsible for any costs associated with other necessary arrangements.

At the time of my death, I hereby relinquish all rights and claims regarding my body and direct that by accepting and using my body for teaching and scientific purposes and its subsequent disposition, neither the State of Colorado nor Colorado Mesa University nor the Forensic Investigation Research Station shall incur any liability and no manner of claim shall arise against the State of Colorado nor Colorado Mesa University nor the Forensic Investigation Research Station.

- [ ] If I die outside of a 75 mile radius of Grand Junction, CO. my estate or next of kin pays the cost of transporting my body to Colorado Mesa University.
- [ ] I wish for my remains to be used for trauma research that will provide the foundation for training professionals in life saving techniques and in the construction of equipment that would enhance and/or prevent the need for these measures.
- [ ] I do NOT wish Emergency Technical Services students to use my donation for EMS procedures that will allow them to practice life-saving techniques.

Body Donor Signature: \_\_\_\_\_

\_\_\_\_\_  
(Witness)\_\_\_\_\_  
(Witness)\_\_\_\_\_  
(Address)\_\_\_\_\_  
(Address)\_\_\_\_\_  
(Name of next of kin)\_\_\_\_\_  
(Signature of next of kin)\_\_\_\_\_  
(Address)\_\_\_\_\_  
(Relationship to Donor)