

ANATOMICAL DONATION PROGRAM

CREMATION AND DISPOSITION AUTHORIZATION FORM



The State of Ohio requires that this authorization form be completed and signed prior to the cremation. Your body, which you are donating to The University of Toledo, College of Medicine, will be cremated after the University has completed its educational or scientific use. Cremation is an irreversible and final process.

Even if you are donating your body for plastination (see Authorization Form), please complete this form in case plastination is not feasible.

It is important that you understand the cremation process that is described in the authorization form prior to signing it. We will be pleased to answer any questions about the cremation process or any other information in this form.

THE CREMATION PROCESS

Cremation is performed to prepare the Donor's remains for final disposition. The process consists of placing the Donor's remains in a cremation chamber where they are subjected to intense heat and flame. Only bone fragments and some fine metals remain after cremation. Any metallic substances will be disposed of by the crematory in a non-recoverable manner so that only bone fragments remain. Following a cooling period, the cremated remains are swept or raked from the cremation chamber. Although reasonable efforts are made to remove all of the cremated remains from the chamber, it is impossible to remove all of them, as some dust and other residues from the process will be left behind. Due to the repeated use of the chamber, a small amount of commingling with remains from previous cremations is a possibility, and you need to understand and accept this fact in order to authorize the cremation. The skeletal remains often will contain recognizable bone fragments. These fragments will be mechanically pulverized which may cause incidental commingling with the residue from previously pulverized remains. It is impossible to recover all of the dust and residue from the cremation and processing. The collected remains of a Donor, which are virtually unrecognizable as human remains, will be placed into a designated container.

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Please read the following statements carefully.

1. I **do have** **do not have** (check one) a **pacemaker, radioactive device, or other electronic device** which may pose a hazard to the health or safety of crematory personnel. Please describe the device below.

If you **do** have one of these devices, please describe:

2. I understand that the Anatomical Donation Program will attempt to collect personal effects that arrive with the Donor's body and will contact the Donor's appointed Representative for retrieval of such personal effects. Please note that if your appointed Representatives has failed to make arrangements to pick up personal effects within sixty (60) days after being mailed a notice by certified mail, The University of Toledo, College of Medicine will transfer them to the Office of Risk Management of The University of Toledo Hospital for disposition.
- I understand further that the Anatomical Donation Program will not collect personal effects that arrive with a Donor's body following an autopsy and the body will be cremated with such personal effects.
3. I understand that the crematory is to cremate my remains together with the container in which my remains are delivered to the crematory.
4. I understand that my remains will be cremated alone and not with the remains of any other Donors.
5. I understand that no person other than crematory personnel may be present in the holding room or cremation room prior to or during cremation, or during the removal of my cremated remains from the chamber.
6. I understand that after my remains are cremated, the cremated remains will be processed and pulverized according to the practice of the crematory. Such processing includes removing and discarding foreign matter (especially metal from dental work, prostheses or containers) that remains after cremation. Some small pieces, however, may escape human detection and be included in the cremated remains.
7. I understand that although the crematory will take reasonable efforts to remove all of my cremated remains from the cremation chamber, it is impossible to remove all of them.
8. The Department of Neurosciences of The University of Toledo, College of Medicine is authorized to receive my cremated remains from the crematory. The cremated remains will be in a temporary container. The appointed Representatives listed below will receive notification by certified mail when the cremated remains are available. Or, if I select, my cremated remains will be buried in the University's communal memorial plot for Donors.

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Please indicate your choice with your initials and information requested

Initial _____	To be received by this First Representative:		
Name		Relationship	
Address			Phone
Successor Representative if First Representative disqualified:			
Name		Relationship	
Address			Phone
I request the following instructions be given to my Representative with respect to how my disposition is to be handled:			

OR

Initial _____	To be buried in the University's communal memorial plot for donors at the Historic Woodlawn Cemetery, Toledo, Ohio		
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If you indicated Representatives above, but they are not available, The University of Toledo Anatomical Donation Program will assign the right of disposition to the following mentally competent adults, if they can be located with reasonable effort, in the priority listed in section 2108.81 of the Ohio Revised Code as follows:

- Donor's spouse
- Donor's adult child (if there is more than one child, all of them collectively)
- Donor's parent(s)
- Donor's adult sibling, whether of whole or half blood (if there is more than one sibling, all of them collectively)
- Donor's grandparent(s)
- Donor's guardian
- Any person willing to assume the right of disposition.

Please note that if your appointed Representatives listed above has failed to make arrangements to pick up your cremated remains within sixty (60) days after being mailed a notice by certified mail, The University of Toledo, College of Medicine is permitted to place them in the University's communal memorial plot for donors at Historic Woodlawn Cemetery.

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SIGNATURES. I, the Donor, being eighteen years of age or older and of sound mind, do willfully and voluntarily sign this Cremation and Disposition Authorization. I acknowledge that all decisions made by my Representative, if I so appointed one on the previous page, with respect to the right of disposition is binding. If the First Representative should become disqualified due to their prior death, resignation or refusal to act, inability to be located or as otherwise described in section 2108.75 of the Ohio Revised Code, then the Successor Representative will serve in this capacity. This authorization becomes effective upon my death and revokes any prior decisions I have made regarding cremation and disposition. No person who acts in accordance with Cremation and Disposition Authorization will be liable for damages of any kind associated with the person's reliance on this Authorization.

DONOR		
Date	Social Security Number	Date of Birth
Donor's Legal Signature		Telephone
Street Address		
WITNESSES		
The Donor signed this Donation form, and we, in his/her presence and at his/her request, have provided our names as witnesses to his/her signature. We attest that the Donor is at least eighteen years of age and appears to be of sound mind and not under or subject to duress, fraud, or undue influence. We further attest that we are at least eighteen years of age and not related to the Donor by blood, marriage or adoption and not a student or employee of The University of Toledo, College of Medicine.		
Witness 1		
Name (Please Print)	Signature	
Street Address, City, State, Zip Code		
Witness 2		
Name (Please Print)	Signature	
Street Address, City, State, Zip Code		
IN PLACE OF TWO WITNESSES – NOTARY ACKNOWLEDGMENT		
State of Ohio		
County of _____ SS.		
On _____, before me, the undersigned notary public, personally appeared _____, known to me or satisfactorily proven to be the person whose name is subscribed as the Donor, and who has acknowledged that he or she executed this written Authorization for the purpose of making an anatomical gift to the Anatomical Donation Program of The University of Toledo, College of Medicine. I attest that the Donor is at least eighteen years of age and appears to be of sound mind and not under or subject to duress, fraud, or undue influence.		
Signature of Notary Public: _____		
My Commission Expires On: _____		