BEQUEATHAL OF BODY TO UNIVERSITY OF KENTUCKY MEDICAL CENTER

Pursuant to the provisions of Laws Relating to Bodies as contained in KRS 311-175 and 311-185, I hereby give, grant and bequeath my body for teaching, research and therapeutic use of the University of Kentucky Medical Center. I understand that no tissues or organs, **except for corneas** (if I so desire) may be removed in order for my body to be acceptable for the above purposes. I further understand that at any time prior to my death I may revoke this bequest by written communication or any other manner specified in KRS 311-215. In accordance with KRS 311-225, the University of Kentucky of Kentucky Medical Center reserves the right to decline to accept a bequeathed body for just cause.

Please check one of the following two boxes:

- ❑ I wish to have my corneas removed and used.
- ❑ I do not wish to have my corneas removed and used.

Please check one of the following, providing the additional information required if either the second or third options are chosen.

- ❑ My ashes are to be buried in University burial grounds at the expense of the University of Kentucky.
- ❑ My ashes are to be sent, at the expense of the University of Kentucky, to

  _____ whose address is

  _____

  It is understood that the University can assume only the shipping charges.
- ❑ Special burial arrangements, which are to be made at the expense of my family or my estate, are described on the back of this sheet.

BEQUEATHER:

Date: _____ Signed: _____

Printed or Typed Name _____

Religious Preference: _____ Bequeather's Address: _____

_____

WITNESSED:

Signed: _____

Address: _____

_____

WITNESSED:

Signed: _____

Address: _____

_____

University of Kentucky Body Bequeathal Program
Vital Statistics Information
Please Print All Information
Do Not Abbreviate Names

NAME (First, Middle, Last) Mr. Mrs. Miss Ms.			
ADDRESS (Street and Number)			
City	County	State	Zip Code
TELEPHONE NUMBER (Include Area Code)			
DATE OF BIRTH (Month, Day, Year)		PLACE OF BIRTH (City, State or Foreign Country)	
RACE American Indian, Black, White, etc. (Specify)		ARE YOU OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
MARITAL STATUS (Married, Never Married, Divorced) (Specify)		SURVIVING SPOUSE (If Wife, given maiden name)	
OCCUPATION (Give kind of work done during most of working years. DO NOT use retired.)		KIND OF BUSINESS/INDUSTRY	
SOCIAL SECURITY NUMBER		ARE YOU OR WERE YOU EVER IN THE ARMED FORCES (Yes or No)	
EDUCATION (Specify only highest grade completed.)			
Elementary/Secondary (0-12)		College (1-4 or 5+)	
FATHER'S NAME (First, Middle, Last)			
MOTHER'S NAME (First, Middle, Maiden, Married)			
NEXT-OF-KIN NAME (First, Middle, Last)		Relationship to Bequeather	
ADDRESS STREET AND NUMBER			
City	County	State	Zip Code
TELEPHONE NUMBER (Include Area Code)			