



# MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, II Governor · Robert R. Neall, Secretary

## STATE ANATOMY BOARD

### Maryland's Anatomical Body Donation Program

This letter is responding to your personal interest in the State's Body Donation Program and making an anatomical gift for the use of your body after death **as a Maryland resident**. Your interest in this program is greatly appreciated. The donation is a caring and selfless act that supports the advancement of medical education, clinical, surgical, trauma and allied health training programs and research study in Maryland and even beyond our State borders. The State Anatomy Board through the participation and donation by individual citizens provides an opportunity to advance medical and health sciences objectives throughout Maryland that positively improves the public's health and well-being.

Donation of your body at death is an alternative means of body disposition to burial and cremation and would come without cost to the family or estate. The information required to be completed on the form is needed to complete the Certificate of Death. Once the pre-death donation is received by the Board, it will remain active unless cancelled by the donor. The donor, by properly executing the anatomical gift, grants the Anatomy Board the legal and exclusive right to the custody, control and study use of the donated body following death. A donor may also be an organ-tissue donor and there is no conflict with either donation. The authority for organ-tissue donation, autopsy or post-mortem examination rests with the Board. **When a Maryland donor dies in-state, the expenses related to transportation, preparation, cremation and state disposition is borne by the Board's State Appropriation. Following the study use and cremation of the body, the donor cremated remains can be released to the named individual on the donor form for private disposition.**

Upon receiving the donor body following death, the board has a duty and responsibility to the donor, the family, friends and the institutions and programs served to use the gifted body to serve the greatest good, it's the legacy of health and hope the donor left behind for those that follow. Maryland is fortunate to have an overwhelming and much needed citizen support that advances the objectives of medical-dental education: all fields of clinical-surgical residency practice: emergency medicine, paramedical, trauma and military medical training; and significant research studies that impairs health. Many people for many years will ultimately benefit from this unselfish and benevolent gift.

Along with this letter, enclosed is additional information to read and review. If you desire to make an anatomical gift and proceed with donation, please complete the enclosed form. Two witnesses are required to sign at the time the form is completed. The original signature copy is to be returned to the Board address listed below. A copy of your form and donor identification card will be mailed to you after review and approval. Please allow 30 days for processing.

Respectfully,

Juan L. Ortega, Director

## **Maryland State Anatomy Board Donor Packet**

Please review ALL the information and the Donor Consent section provided before proceeding with completing attached form to fully understand the FULL body donation to our program.

- I or the person requesting donor form is a Maryland resident.
- The person requesting registration can make a legal informed decision about their end of life plan.
- The person requesting registration understands that the request is about a FULL body donor program only.

If you cannot check yes to all THREE questions, please contact the SAB office during business hours for alternative or options for your circumstances. Please see NOTE below.

All forms will be evaluated for accuracy and completeness before accepting. Incomplete forms will be returned to requestor and may delay registration in program. No FAX or email copies will be accepted. ALL COMPLETED DONOR FORMS MUST BE MAILED with original signature copy ONLY accepted for registration. Form not received and accepted before death shall result in rejection of donation. An acknowledgement letter and a donor card will be mailed once form has been accepted.

Please read all attached paperwork to understand the requirements of our SAB program.

### NOTE:

- If you are not a Maryland resident and wish to donate your body for scientific purposes, please go to <https://anatbd.acb.med.ufl.edu/usprograms> to locate a medical school near your residence. You must contact that program and follow their requirements.
- Person registering must be able to make legal informed decision about their end of life plans without intimidation or coercion. No next of kin, guardian, POA, etc. shall make the decision for another person's end of life plan.
- The SAB program is for FULL BODY only. If you are interested in organ donation, contact The Living Legacy Foundation of Maryland <https://www.thellf.org> or your area organ procurement program to obtain information about organ donation. If you are an accepted pre-registered donor to the MD Anatomy Board and an organ donor, the Board will work with the organ procurement program to attempt to accommodate both requests.

Q: What happens after the body has been used in a medical program?

A: The body is returned to the Anatomy Board and cremated.

Q: How long is it from the time of removal by the Anatomy Board until cremation?

A: In most cases, cremation will occur within a year to a year and a half, depending on when the body is released to and received back from the medical program, but this may be up to two years.

Q: What happens to the ashes of my cremated body?

A: Following cremation, the ashes are interred in a dedicated gravesite in Sykesville, Maryland.

Q: Can the ashes be returned to the family for burial or private disposition?

A: Yes. You may designate on your donation form that the ashes are to be returned to the family by listing the name, address and telephone number of the person to receive them. The ashes will be returned in an urn suitable for burial or entombment.

Q: How does my next of kin obtain a death certificate?

A: Death certificates, once filed, are available from the Division of Vital Records. Please go to [www.health.maryland.gov/vsa](http://www.health.maryland.gov/vsa) for current information on procedure to apply for death certificates.

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**STATE OF MARYLAND**  
**Maryland Department of Health**

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The poet Robert Test states:

"The day will come when my body will lie upon a white sheet tucked neatly under the four comers of a mattress, located in a hospital busily occupied with the living and the dying. At a certain moment, a doctor will determine that my brain has ceased to function and that, for all intents and purposes, my life has stopped.

"When that happens, do not attempt to instill artificial life into my body by the use of a machine and don't call this my deathbed. Let it be called the Bed of Life, and let my body be taken from it to help others lead fuller lives.

"GIVE my sight to the man who has never seen a sunrise, a baby's face of love in the eyes of a woman. GIVE my heart to the person whose own heart has caused nothing but endless days of pain. GIVE my blood to the teenager who was pulled from the wreckage of his car, so that he may live to see his grandchildren play. GIVE my kidneys to a person who depends upon a machine to exist from week to week. TAKE my bones, every muscle, every fiber and nerve in my body and find a way to make a crippled child walk. EXPLORE every corner of my brain. TAKE my cells, if necessary, and let them grow so that, someday, a speechless boy will shout at the crack of a bat or a deaf girl will hear the sound of rain against a window.

"BURN what is left of me and scatter the ashes to the winds to help the flowers grow. If you must bury something, let it be my faults, my weaknesses and all my prejudice against my fellow man. Give my sins to the devil. Give my soul to God.

"If, by chance, you wish to remember me, do it with a kind deed or word to someone who needs you. If you do all I have asked, I will live forever."

## QUESTIONS

&

## ANSWERS

# About the State Anatomy Board Body Donation Program



For further information, call or write:

State Anatomy Board  
Bressler Research Building, Room B-026  
655 West Baltimore Street  
Baltimore, Maryland 21201-1559  
410-547-1222 Day or Night  
1-800-879-2728 In State Toll Free  
410-706-8107 Fax

Q: What is the purpose of the Anatomy Board Donation Program?

A: To receive the body of a person who has Pre-Registered to donate his or her remains to the Anatomy Board for use in the advancement of medical education and research.

Q: Is there a need for body donations?

A: Yes. Donors are needed to support programs in medical education and research.

Q: How do I donate my body to the State Anatomy Board?

A: By completing an Anatomy Board donor form. You may email, write or telephone the Board to request this form and any additional information.

Q: Are there any charges to my estate or my family for donation of my body?

A: No. All costs are paid by the State, including transportation, embalming, and cremation.

Q: Can a donation to the Board be made after-death by the family?

A: The Board does not accept posthumous "after death" donation.

Q: What if I signed an Advance Directive donating my body to science?

A: Advance directives for 'donation to science' are considered a general intent, not donation to the State Anatomy Board. To donate to the Board, you must complete a State Anatomy donation form. You may email, write or telephone the Board to request this form and any additional information.

Q: Is there an age limit?

A: Yes, someone must be 18 years of age or older to donate his or her body to the Board.

Q: May I also donate to organ bank programs?

A: Yes. If you are registered with an organ bank or the Driver's License Program, keep your card with any other identification you carry.

Q: I completed a donor form while a resident of Maryland, but no longer reside within Maryland. Will the State Anatomy Board accept my donation?

A: If one of our donors dies in one of the states surrounding Maryland, the family shall incur the cost of transporting the body into Maryland and the cost of filing the death certificate and cremation certificate. The body shall be transported to the nearest funeral home inside the Maryland border. A completed death certificate from the state of death must accompany the donor. The Board will not accept or make removal without the accompanying death certificate.

If a donor dies out of state and the distance to transport is unreasonable, then the closest Medical Teaching Facility should be notified to see if they will accept donation. In this case also contact the State Anatomy Board's office.

Q: How may I cancel my donation?

A: Your donation may be cancelled at any time by completing a 'Rescindment of Donation' form and sending it to the Board.

Q: How is the State Anatomy Board notified of my death?

A: Notification to the Board is made immediately by the nursing home, hospital, or doctor in attendance. If there is no attending physician, the local police department should be contacted immediately. The Anatomy Board will arrange to have the body moved to its facility.

Q: What happens to the body when it is received by the State Anatomy Board?

A: The body is prepared for use in a medical program and held until it is released for study.

Q: Who will use the body?

A: The body will be used to support research and educational study programs at medical institutions. The Board serves medical and dental schools, resident teaching programs, and other related health, education, and research study programs.

Q: Is a funeral service held?

A: No. The Anatomy Board assumes immediate custody of the body, so a funeral service with the body present is not possible. However, the family may elect to have a memorial service at any time and the Board holds an annual Memorial Service for all donors.

Q: What about a death notice in the newspaper?

A: The family may place an obituary notice, at their own expense. The newspaper will usually confirm the death with the State Anatomy Board prior to publication.

# STATE ANATOMY BOARD OF MARYLAND

655 West Baltimore Street, BRB Rm. B-026, Baltimore, Maryland 21201-1559

Phone (410) 547-1222 or (800) 879-2728 - TDD for deaf (410) 383-7555

Website: <https://health.maryland.gov/anatomy> Email: [mdh.anatomyboard@maryland.gov](mailto:mdh.anatomyboard@maryland.gov)

## ANATOMICAL GIFT / BODY DONATION REGISTRATION FORM

Select:  New Registration  Updating Registration

The information on this form is required for registration purposes and sections will ultimately be used for death certificate details. This is a legal form designating your final wishes, please carefully complete the entire form. If an item is "unknown" or "not applicable" then please write that in the space. Do not leave any blank responses. Incomplete forms cannot be processed and will be returned for correcting. We recommend that you keep your registration current by updating any major life changes (e.g. moving to a new address, legal change of name, change in your designated next-of-kin, etc.). You must be a Maryland Resident to donate to the State Anatomy Board.

Donor's Full Legal Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last

Address (number and Street) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State MD Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address (if applicable) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Citizen of \_\_\_\_\_

Birthplace: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Marital Status \_\_\_\_\_ Sex \_\_\_\_\_ Other \_\_\_\_\_

Ethnicity/Race \_\_\_\_\_ Other \_\_\_\_\_

Donor Name at Birth (e.g. maiden name) \_\_\_\_\_ Education \_\_\_\_\_

Donor Fathers Name at Birth \_\_\_\_\_ Donor Mother's Name at Birth \_\_\_\_\_

Usual Occupation (do not use 'retired') \_\_\_\_\_ US Veteran  No  Yes, Service Branch \_\_\_\_\_

**Your Wish for Disposition of Cremated Remains** – Upon completion of our studies, your remains are individually cremated. You must indicate your wish for final disposition of your cremated remains from the options listed below. We encourage you to discuss your wishes with your family and next of kin as your wishes take precedent over other claims to your ashes. To be eligible for the SAB burial at a veteran's cemetery, you must attach a copy of your long form DD214 discharge papers and have been discharged from active duty in good standing (i.e. discharges other than dishonorable).

*I hereby instruct that my cremated remains be:*

- Buried at the State Anatomy Board of Maryland burial site.
- Buried at a veteran's cemetery by the SAB.
- Given to next-of-kin (or designated) individual below.

**You must fill out a next-of-kin (or designated) name and address for contact purposes. This section must be filled out completely regardless of the choice you selected above for final disposition of your ashes.**

Next-of-kin (or designated) Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last

Address (number and Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address (if applicable) \_\_\_\_\_

**Donor Consent:**

My signature below indicates that I am at least 18 years of age, that the information on this form is accurate and true to the best of my knowledge, that I am aware I have had the opportunity to ask the SAB questions about donation, and;

- a) I understand and hereby instruct, in the presence of the following witnesses, that it is my desire to donate my body after death to the SAB for the purposes of advancing medical education, scientific research, or any such related activity as duly authorized by the SAB.
- b) I understand that upon my death, the SAB will be notified and arrange for the transport, preparation, and care of my body or body part for study in Maryland or, at the SAB's discretion, to qualified out-of-state medical education or research programs.
- c) I understand that study programs may take between two (2) weeks and two (2) years (and, in rare circumstances, longer) before my ashes are available for return or burial as per my wishes.
- d) I understand that organs, biopsies, or other tissues may be removed from my body for the purposes of education, research, or related activities and pertinent personal health information (e.g. age, cause of death, etc.,) may be released to programs studying my body.
- e) I understand that a copy of this signed statement will be retained on file with SAB and serve as a legal document designating my final wishes regarding my body.
- f) I understand that I may change my donation at any time by completing an updated donor form, or rescind my donation by completing the Rescindment of Donation form, and sending the form to the SAB offices.
- g) I understand that I may be both a living organ donor and a body donor, and further understand that this form is only for the body donation program. I understand that if I wish to be a living organ donor, that I must complete a separate registration with my preferred living organ donation program.
- h) I understand that although I am registering for the body donation program, that at the time of my death, I must meet the conditions for acceptance in order for my body to be accepted (i.e. body weight no greater than 400 pounds, no severe trauma or advanced decomposition, no autopsy performed, no organs removed at time of death, absence of a highly infectious disease including, but not limited to, Creutzfeldt-Jakob, Aspergillosis, Clostridium difficile, Hepatitis, HIV, or Tuberculosis).
- i) I understand that my body donation registration becomes effective as of the date that this form is received at the SAB administrative office.

Donor's Full Legal Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Witnesses** – Two witnesses are required for this form to be considered complete. The witnesses must be at least 18 years old and not affiliated with the SAB. Witness #1 can be any person you choose. Witness #2 must be a disinterested witness, meaning someone other than your spouse, child, parent, sibling, grandchild, grandparent, or legal guardian.

We, the undersigned, hereby certify that we are at least 18 years old, are not affiliated with the SAB, and have witnessed the signing of this document by the donor.

| <b>Witness #1</b>    | <b>Witness #2</b>    |
|----------------------|----------------------|
| Name _____           | Name _____           |
| Address _____        | Address _____        |
| City/State/Zip _____ | City/State/Zip _____ |
| Signature _____      | Signature _____      |

**Submission** - PRINT one copy (preferred two sided) and return the original signed completed registration form to the SAB by mail ONLY: State Anatomy Board, 655 West Baltimore Street, BRB Rm. B-026, Baltimore, Maryland 21201-1559. Print or save a copy of the form for your records

**Below are choices to use when completing our Body Donation Registration Form**

**MARITAL STATUS CHOICES:**

|  |
|--|
| <b>Never Married (DO NOT USE SINGLE)</b> |
| <b>Married</b>                           |
| <b>Married but Separated</b>             |
| <b>Divorced</b>                          |
| <b>Widowed</b>                           |

**ETHNICITY/RACE CHOICES:**

|  |
|--|
| <b>White/Caucasian</b>                         |
| <b>Black/African American</b>                  |
| <b>American Indian/Alaska Native</b>           |
| <b>Asian Indian</b>                            |
| <b>Asian - Specify</b>                         |
| <b>Filipino</b>                                |
| <b>Native Hawaiian</b>                         |
| <b>Other Pacific Islander- Specify</b>         |
| <b>Hispanic (Cuban, Mexican, Puerto Rican)</b> |
| <b>Other Hispanic -Specify</b>                 |
| <b>Other-Specify</b>                           |

Unacceptable entries: Nonwhite, Mixed, Multiracial

**EDUCATION SELCETION CHOICES:**

|   |
|---|
| <b>8<sup>th</sup> grade or less</b>   |
| <b>9<sup>th</sup> – 12<sup>th</sup> no diploma</b>  |
| <b>High school graduate or GED</b>  |
| <b>Some college credit, but no degree</b>   |
| <b>Associate degree (e.g. AA, AS)</b>   |
| <b>Bachelors degree (e.g. BA, AB, BS)</b>   |
| <b>Masters degree (e.g. MA, MS, MEng, MEd, MSW, MBA)</b>                                    |
| <b>Doctorate degree (e.g. PhD, EdD, or Professional degree (e.g. MD, DDS, DVM, LLB, JD)</b> |
| <b>Unknown</b>  |

**US VETERAN BRANCH CHOICES:**

|                    |
|--------------------|
| <b>Air Force</b>   |
| <b>Army</b>        |
| <b>Coast Guard</b> |
| <b>Marines</b>     |
| <b>Navy</b>        |

**COMPLETED DONOR FORMS ORIGINAL SIGNATURE COPY SHOULD BE MAILED TO:**

**MD State Anatomy Board  
655 W Baltimore Street  
ROOM B-026  
Baltimore, MD 21201**