

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

ANATOMICAL GIFT / BODY DONATION
UPDATING REGISTRATION FORM

☐ 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 may be returned for correcting. You must contact the Board whenever you need to update the ashes recipient. 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) _____

Marital Status _____ Highest Form of Education _____

Longest Occupation (do not use 'retired') _____ Type of Business _____

US Veteran: ☐ Yes ☐ No

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's Full Legal Name _____
First Middle Last

Signature _____ Date _____

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