

MICHIGAN STATE
UNIVERSITY

Date _____

I (We) _____

Bearing the relationship of _____

To _____

Hereby authorize the Medical schools at Michigan State University to use the

Body of _____

For the advancement of medical science, teaching and study.

Birth date of deceased

Print Name

Social Security Number

Signature

Address

City, State, Zip Code

Print Name

Signature

Witnesses:

Address

City, State, Zip Code



**WILLED BODY
PROGRAM**

RADIOLOGY

**Human Anatomy and
Structural Biology**

Michigan State University
E206 E. Fee Hall
East Lansing, MI
48824-1316

Telephone: 517-353-63
FAX: 517-432-2443

The original copy of this form must accompany the body to:

Director, Anatomical Resources
Division of Anatomy
E206 Fee Hall
Michigan State University
East Lansing, MI 48824-1316