

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 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 (if the required donation has been received by the University)
- 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 within the United States..

- 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: _____

Power of Attorney is ineligible to make bequeathal

Printed or Typed Name _____

Religious Preference: _____ Bequeather's Address: _____

WITNESSED:

WITNESSED:

Signed: _____ Signed: _____

Address: _____ Address: _____

Two witnesses required or Notary Republic with Embossed Seal

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