

THE ANATOMICAL BOARD OF THE STATE OF FLORIDA  
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE  
DEPARTMENT OF CELL BIOLOGY AND ANATOMY R-124  
P.O. BOX 016960  
MIAMI, FLORIDA 33101

DECLARATION OF CONSENT

I, \_\_\_\_\_, being nearest of kin,  
relationship, ( \_\_\_\_\_ ) of the deceased  
\_\_\_\_\_ (name), do hereby consent to  
the release of his/her body to the Anatomical Board of the State of Florida, to be used by a medical  
school for medical education and/or research.

Signed in the presence of these witnesses on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY                      STATE                      ZIP

\_\_\_\_\_  
WITNESS' SIGNATURE

\_\_\_\_\_  
WITNESS' SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

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CITY                      STATE                      ZIP

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CITY                      STATE                      ZIP