## American Cryonics Society, Inc. P.O. Box 1509, Cupertino, CA 95015

## **Authorization of Anatomical Donation**

1.	I,,							
	now residing at							
	directive and wish that u cryopreservation, also k makes use of a cryogenic	pon my death, my l nown as cryonic so c temperature stora n, and disassociatio	human bodily rema uspension. Cryoni ge medium to prote n. Such treatment	and of mind and memory, and that this is my nins be preserved by the treatment known as c suspension or cryopreservation normally ect the human bodily remains against decay may also include use of metabolic stabilizes.				
2.	limited to, the Uniform A that my human bodily re ("ACS"), a California no	Anatomical Gift Ac mains be delivered inprofit scientific ar	t, I hereby direct th by gift and donation and medical research	natomical donations, including, but not at upon the legal determination of my death n to the American Cryonics Society and education charity having its office in esentatives, at such place as they may de-				
3.		alified person or or	ganization authoriz	this gift, then I give my body to any physical by the American Cryonics Society, Inc., cument.				
4.	I further direct that such and without embalming,			upon the legal determination of my death atopsy.				
5.	in connection with this	donation of my hun piological, medical,	man remains, and to gerontological and	nsation, cash, nor remuneration whatsoeve that I have made this donation for the pur d general scientific knowledge and human				
6.	I understand that this action gives ACS full and complete control and full custody over my human bodil remains. I specifically countermand any prior instructions I may have given, in writing or otherwise in cluding, but not limited to, the revocation of all conflicting provisions of any prior Last Will and Testamentary Directives, concerning disposition of my human bodily remains. This instrument supersedes, overwrites, and overcomes any and all statements, assertions, and directives contrary to the purposes herein.							
7.		here are no guarant	tees or any known	th contemporary medical or mortuary prac probability that the procedure of reversible d and proven.				
Signa	ture of Donor	date	time	page one of two				

- 8. If a legal challenge is raised to this document, I authorize ACS to take custody of, and have full and complete control over, my human bodily remains by whatever legal means may be available for the purpose of cryopreserving them. If a legal challenge to this procedure is raised by any institution, individual(s), or government agency, I authorize ACS to use moneys from my funds dedicated to or designated for my cryonic suspension and maintained care to pay for the legal expenses involved in defending its authority and ability to cryopreserve my human remains and any and all of its rights under this document.
- 9. The American Cryonics Society is further given full status as my "next of kin" and "nearest relative" for purposes of directing the disposition of my human bodily remains and for all zoning purposes. The American Cryonics is specifically authorized to obtain, view, and copy all records and files regarding any medical, psychiatric, and therapeutic treatments or care that I may have received during my life time.
- 10. In witness thereof, I hereby sign, publish, and declare that the above, constitutes my final wish, last will, and instruction concerning the disposal of my human remains following the legal determination of my death. By my signature I convey any and all rights to my human remains to ACS in accordance with this agreement.

Signature of Donor	
Responsible person if Do	nor is unable to sign or is an unemancipated minor or otherwise legally incompetent.
Relationship to Donor	
Date	Time (a.m./p.m.)

## Witnesses' Signatures

Two (2) witnesses are required to sign in the presence of each other and the Donor. At the time of signing, witnesses must not be relatives of the Donor, health care providers of any kind, or officers, directors, or agents of ACS.

Your signature as a witness confirms your acknowledgement that:

- 1. You have witnessed the signature of the Donor on this document.
- 2. The Donor has represented to you that s/he understands and agrees to the purposes and terms of this document.
- 3. The Donor has declared to you that the arrangement described herein, constitutes his/her last wish and will as to the disposition of his/her human remains after legal death.

Witnessed this		day of		of		at	<u></u>
		·	(month)		(year)	(time)	(a.m./p.m. <u>)</u>
1.	Signature:						-
	Printed:						_
	Address:						-
2.	Signature:						-
	Printed:						_
	Address:						-