

Authorization of Anatomical Donation

1. I, _____,

now residing at

declare that I am _____ years of age, lawfully competent, sound of mind and memory, and that this is my directive and wish that upon my death, my human bodily remains be preserved by the treatment known as cryopreservation, also known as cryonic suspension. Cryonic suspension or cryopreservation normally makes use of a cryogenic temperature storage medium to protect the human bodily remains against decay, deterioration, destruction, and disassociation. Such treatment may also include use of metabolic stabilizers and vitrifying agents, and/or cryoprotective chemical agents.

2. For this purpose, and in accordance with the laws governing anatomical donations, including, but not limited to, the Uniform Anatomical Gift Act, I hereby direct that upon the legal determination of my death that my human bodily remains be delivered by gift and donation to the American Cryonics Society ("ACS"), a California nonprofit scientific and medical research and education charity having its office in Mountain View, California, or to its agents, designates, or representatives, at such place as they may determine and direct.
3. If American Cryonics Society is unwilling or unable to accept this gift, then I give my body to any physician, dentist, or other qualified person or organization authorized by the American Cryonics Society, Inc., of Mt. View, California, and only for purposes stated in this document.
4. I further direct that such delivery shall take place immediately upon the legal determination of my death and without embalming, medical examination, dissection, or autopsy.
5. I further declare that I have not received any payment, compensation, cash, nor remuneration whatsoever in connection with this donation of my human remains, and that I have made this donation for the purpose of furthering cryobiological, medical, gerontological and general scientific knowledge and human cryopreservation research and cryonics therapy technology.
6. I understand that this action gives ACS full and complete control and full custody over my human bodily remains. I specifically countermand any prior instructions I may have given, in writing or otherwise including, 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. I understand that human cryopreservation is not consistent with contemporary medical or mortuary practice. I understand that there are no guarantees or any known probability that the procedure of reversible human body cryopreservation will be successfully accomplished and proven.

