

Oregon Cryonics
3265 Marietta St SE
Salem, OR 97317
503-585-2781

Disclosure for Returned Body

If Oregon Cryonics returns any anatomical material to a relative or personal representative of a donor, this form must be filled out and provided to that person. A copy of the form must be made and kept in the chart.

Donor Name _____

Birthdate _____ Date of Legal Death _____

Relative or Representative

Name _____

Address _____

Phone _____

The donor's entire body is being returned.

Only part of the donor's body is being returned. The portion that is not being returned will be kept in permanent storage at Oregon Cryonics.

As an additional strict policy, Oregon Cryonics shall dispose of any anatomical material not returned to a relative or personal representative of the donor in accordance with all laws pertaining to the disposition of human remains. This requirement does not apply to anatomical material that Oregon Cryonics has recovered or distributed for research or educational purposes.

Oregon Cryonics Representative

Name _____

Signature _____ Date _____