



# Whole Body Release Form

Form ND-1  
(11/19)

Whole Body Donor Program  
Harrisburg, North Carolina 28075  
Novashare.org

I, \_\_\_\_\_, being a person of at least 18 years of age,  
hereby release the body and make this anatomical gift of the entire body of:

to Novashare for use in medical education, training or research studies  
determined by the program.

## Select how you want us to return the cremated remains:

I DO NOT wish the cremated remains returned to me and request that Novashare arrange final disposition.

I request that the cremated remains be returned to the following address: (you will be notified before shipping)

## CONSENT

I hereby make this anatomical gift to take effect upon my death. I understand that by this gift, I donate the remains of my body to Novashare for anatomical study in the advancement of health sciences education, biological health sciences, and research. This gift is made in accordance with the Revised Uniform Anatomical Gift Act, G.S. §130A-412.3 et seq. and as authorized by North Carolina state law, and will be used at the discretion of Novashare.

I have read the information about body donations I understand and accept the following:

- I am donating my body for education and research. The programs of study of my body will be determined by Novashare.
- I understand that my body may teach at an accredited and fully vetted North Carolina health sciences institution and shall be returned to Novashare for cremation and disposition.
- The information I have provided in General Information is true and correct and will be used to file a death certificate at the time of my death providing my body is accepted by Novashare.
- I understand that studies can range typically from 2 to 3 weeks up to 2 years in length.
- I understand that the body may be subject to extensive and/or long-term preservation.
- I authorize Novashare to cremate my remains consistent with the G.S, 90-210.120. et seq., as I have designated.

## MEDICAL RECORDS RELEASE

I hereby authorize Novashare to receive any medical records and medical history for the purpose of education and research.

Upon my oath and under penalty of perjury, I hereby affirm that to the best of my knowledge there is no other person having prior right to give this authorization to control the remains of above-named decedent. I hereby agree to hold the Funeral Director, Crematory, Novashare or person acting as such, their officers and employees harmless from any liability cost or expenses resulting from this authorization.

I hereby verify my understanding of all listed disclosures as indicated by my signature below:

Signature:

Date:

Witness:

Date:

Vital Statistic Information for Death Certificates



Decedent's Legal Name

(first middle last maiden)

Male

Age

Birthdate

Place of Birth

Female

(County / State)

Social Security #

Marital Status

Veteran?

Decedent's Address

City Limits?

yes

no

Education Level

Race

Hispanic Origin?

Fathers Name

Mothers Name (maiden)

Place of Death

Informant's Name

Relationship

Informant's Address