



THE MAXWELL MUSEUM OF ANTHROPOLOGY  
UNIVERSITY OF NEW MEXICO  
ALBUQUERQUE, NEW MEXICO 87131

## Deed of Gift-Body

I, \_\_\_\_\_ (please PRINT name), \_\_\_\_\_ (Relationship) of Decedent, do hereby donate the entire body of \_\_\_\_\_ (Full Name of Decedent), to be delivered after death to the Maxwell Museum of Anthropology, via the New Mexico Office of the State Medical Investigator. I am a person authorized under the Jonathan Spradling Revised Uniform Anatomical Gift Act (N.M. Stat. Ann. § 24-6B-1) to make the above gift.

I fully understand that the body of \_\_\_\_\_ (Decedent) is to be permanently preserved in the form of a skeleton, to be used by qualified personnel for medico-legal research and education. The decedent's estate and/or next of kin will pay for all transportation costs resulting from this donation.

This anatomical gift may be revoked or amended pursuant to Article 6B of Chapter 24 of the New Mexico Statutes Annotated, and such revocation or amendment must be communicated to the University of New Mexico and Maxwell Museum of Anthropology in accordance with state law (N.M. Stat. Ann. § 24-6B-6).

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

In the presence of us, who in the donor's presence and in the presence of each other, have signed our names as disinterested adult witnesses hereto at the request of the donor, in accordance with N.M. Stat. Ann. § 24-6B-5(B)(1). We believe that the donor is of sound mind and is now at least 18 years old.

Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Donor: \_\_\_\_\_ City/State: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to Donor: \_\_\_\_\_ City/State: \_\_\_\_\_

**Please return this completed form to:**

Laboratory of Human Osteology  
Maxwell Museum of Anthropology  
MSC01 1050, 1 University of New Mexico  
Albuquerque, New Mexico 87131-0001  
(505) 277-3535

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**FOR MAXWELL STAFF ONLY:**

Curator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_