Mercer County Community College Funeral Service Education program is authorized as an anatomical donee institution to accept human remains for embalming, research and advancement of funeral service education when such remains are not acceptable to the medical schools in the State of New Jersey.

MCCC’s Funeral Service Education program is one of 56 such programs in the United States and the only program for the education and preparation of future Practitioners of Mortuary Science (Funeral Directing and Embalming) in New Jersey.

Since 1975, MCCC has been proud to offer one of the finest, innovative programs for funeral service education in the nation. The legislative grant of anatomical status to MCCC’s funeral service program further exemplifies the institution’s commitment to education, research and the advancement of funeral service education.

MCCC provides an alternative for those donors or families when bequeathal to medical science is rejected.

Circumstances that could negate a donation to medical science such as autopsy, emaciation or unhealed surgery pose no problems for funeral service education.

However, we must still reject donations involving certain contagious diseases (such as AIDS, active TB, and Creutzfeld Jacobs disease) and extreme obesity.

Following study, MCCC will arrange cremation to prepare the body for disposition. Final disposition of cremated remains will be the option of the next of kin who may: 1) elect to have cremated remains returned in a temporary container, or 2) authorize MCCC to dispose of cremated remains.

Cremated remains will be shipped to the next of kin of record in a cardboard or vinyl container for a cost of $25.00. Cremated remains left with MCCC will be disposed via interment, entombment or scattering and will not be recoverable.

Next of kin will be notified regarding timing of disposition, if desired.

The only cost associated with the program is $100 to help offset a portion of the transportation, cremation and paperwork filing fees. Shipping expense for cremated remains is as stated above. Families should arrange with their funeral service professional for newspaper notices, memorial services, or permanent urn, if these or other services are required.
MERCER COUNTY COMMUNITY COLLEGE

Funeral Service Program

1200 Old Trenton Rd. Robert C. Smith III
P.O. Box B Program Director
Trenton, NJ 08690
(609) 570-3472 or 3474
FAX (609) 570-3878

Weekends / after hours (856) 468-0670
I, ______________________________, authorize Mercer County Community College to take possession of the body of my deceased wife/husband/mother/etc. ________________________________ who died on _____________________.

(name of deceased) (date)

at __________________________________________________________________.

(name of facility or other location)

MCCC Funeral Service Program located at 1200 Old Trenton Rd., P.O. Box B, Trenton, NJ 08690, is a recognized NJ anatomical donee institution (NJSA 26:6-59).

______ I understand that the body of the above-named person will be embalmed and used for research and the advancement of funeral service education. My/our signature(s) verifies that I/we have the right to authorize this disposition of the body ______________________________ and that I/we will hold MCCC, its trustees, staff and representatives harmless from any claims that may result from granting of this permission.

______ Following utilization in the Funeral Service Education program, MCCC will arrange for cremation of the body of _________________________.

Witness Signature Relationship
___________________________ ____________________________
Witness Signature Relationship
___________________________ ____________________________
___________________________ ____________________________
Signature Relationship
Name and address of Contact Person __________________________________________
________________________________________________________________________
Telephone number (____)________________________
Name of Donor __________________________________________________________

Date of Birth ________________, Place of Birth________________________________ (City, State)

Sex ______ Social Security Number ____________________ Age _____________

Address:
Street______________________________________________________________

City/Town_______________________________ County ____________________
Township (if different from above) __________________________ State ________Zip ______

Education (highest Grade Completed) __________ Hispanic Origin? _____________

Parents _______________________________________________________________

Mother: First M/I Last (MAIDEN)

Father: First M/I Last

Occupation ______________________ Type of Business __________________

Military Service? Yes ____ No ______
Currently Employed ____ Retired ____
If yes, dates ___________ War__________

Last Employer Name and Address (even if retired)

______________________________________________________________

Marital Status:
Never married _____ Married _____ Separated _____ Widowed _____ Divorced _____

Name of Spouse: ____________________________ Maiden Name of Wife____________

Person Authorizing Donation:
Name ______________________________ Relationship to Deceased _____________

Address: ______________________________________________________________

______________________________________________________________

Telephone: (____)_____________________

How did you find out about this program?
INSTRUCTIONS FOLLOWING BEQUEATHAL

Please select the option which applies:

I, __________________________, do not wish to have the cremated remains of my ___________(relationship), _________________________(name), returned. Please dispose of the cremated remains according to the procedures utilized by Mercer County Community College.

I understand that cremated remains are disposed of by the college in a dignified manner in accordance with all applicable NJ statutes and regulations. (currently scattering among the dogwood trees that line the college entrance)

I understand that cremated remains disposed of in such fashion cannot be memorialized and cannot be recovered.

Signed __________________________
Name

I, ____________________________, request that the cremated remains of my ___________(relationship), _________________________(name), be returned in a temporary container.

I understand that the cremated remains will be available approximately six months after the donation.

Please ship the cremated remains to the following address:

________________________________
________________________________
________________________________

A check or money order for $25.00 payable to Mercer County Community College is enclosed. This covers the cost of shipping, handling and insurance.

Signed __________________________
Release authorization.

To ________________________________

Please release the body identified as

______________________________________________

to representatives for Mercer County Community College.

__________________________________________  ___________________
Authorized Signature                               date