



**MERCER COUNTY COMMUNITY COLLEGE
FUNERAL SERVICE EDUCATION
ANATOMICAL DONOR PROGRAM**

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 accredited by the American Board of Funeral Service Education 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 often 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 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 \$40.00. Cremated remains left with MCCC will be disposed via scattering and will not be recoverable.

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

The cost of transportation to MCCC is an obligation of the family or authorizing party. Although the college may be able to make a recommendation regarding transportation, the family/authorizing party is welcome to use their preferred funeral service profession. The only cost associated with the program is \$100 donation to help offset a portion of the paperwork and administration 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.

P.O. Box 17202

Trenton, NJ 08690

(609)-528-7300

FAX (609) 570-3878

Michael T. Daley

Program Director

MERCER COUNTY COMMUNITY COLLEGE
FUNERAL SERVICE EDUCATION BEQUEATHAL FORM

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
initials 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
initials 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
initials will arrange for cremation of the body of _____.

_____	_____	_____
Witness	Signature	Relationship

_____	_____	_____
Witness	Signature	Relationship

_____	_____	_____
	Signature	Relationship

_____	_____	_____
	Signature	Relationship

Name and address of Contact Person _____

Telephone number (____) _____

**MERCER COUNTY COMMUNITY COLLEGE
FUNERAL SERVICE DONOR PROGRAM
GENERAL INFORMATION SHEET**

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 _____

Currently Employed _____ Retired _____ Military Service? Yes _____ No _____
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?



MERCER COUNTY COMMUNITY COLLEGE

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 _____ Date _____
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 \$40.00 payable to Mercer County Community College is enclosed. This covers the cost of shipping, handling and insurance.

Signed _____ Date _____



Release authorization.

To _____

Please release the body identified as

to representatives for Mercer County Community College.

Authorized Signature

date