

UCI Willed Body Program Anatomical Gift Revocation Statement

This formal note serves to inform the UCI School of Medicine, Willed Body Program, of my express intent to revoke my anatomical gift.

**Form may only be used by the individual who registered as a donor with the program. Next-of-kin or agents may not use this form for a donation cancellation.*

DONOR'S NAME: _____

DONOR'S BIRTHDAY: _____

DONOR'S SOCIAL SECURITY NUMBER: _____

DONOR'S SIGNATURE: _____

DATE OF REVOCATION: _____

Once completed, mail to:

UCI Willed Body Program
252 Irvine Hall
Irvine, CA 92697-3950