



*All Mail to:*  
1200 Old Trenton Road  
West Windsor, NJ 08550

**FUNERAL SERVICE EDUCATION  
ANATOMICAL DONOR PROGRAM**

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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 Creutzfeldt Jacobs disease) and obesity.

Following study, which may take up to one year, MCCC will prepare the body for cremation as a final means of 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 by retrieving them from MCCC,
- 2) authorize MCCC to scatter the cremated remains at sea (\$100), or
- 3) mail the cremated remains to the next of kin (\$100). Next of kin will be notified regarding timing of disposition, if desired. If cremated remains are scattered at sea, the next of kin will receive a certificate authenticating the scattering, with coordinates as well as the date and time of the scattering.

The cost associated with the program is \$500, which includes the paperwork, administration fees, and personnel to facilitate the transfer of your loved one to the college and to/from the crematory. The fees ONLY cover the personnel not associated with the college, but rather, our partnership with Service Corporation International/Dignity Memorial funeral homes in New Jersey. As mentioned above, shipping and scattering expenses for cremated remains are \$100, respectively. Families should arrange with their funeral service professional for newspaper notices, memorial services, or permanent urn, if these or other services are required.

MCCC will obtain any death certificates for the next of kin. Death certificates are obtained by the New Jersey State Registrar of Vital Statistics. The cost of the first death certificate is \$25, with each additional copy at a cost of \$2 each. Ten death certificates would come at a cost of \$43. For less than ten certificates, the state registrar implies a \$5 shipping fee. The state also charges a \$5 fee to provide a permit for the cremation. Payment for death certificates must be in the form of a check made payable to the MCCC Donor Program and mailed to 1200 Old Trenton Road, West Windsor, NJ 08550.

## **TO CONTACT US ABOUT THE DONOR PROGRAM**

PLEASE CALL: 1 (855) 759 - 2569

To reach us by email, please use: [donorprogram@mccc.edu](mailto:donorprogram@mccc.edu)

IF YOU ARE READY TO SUBMIT THE FORMS, PLEASE USE ALL THE ABOVE LISTED EMAIL ADDRESSES, OR FAX THE FORMS TO THE NUMBER BELOW:

FAX: 609-570-3878

Please note the forms are fillable/signable through Adobe Reader.

*\*Although the MCCC donor program strives to return your loved one's cremated remains to you as soon as possible, it is important to note that the donation/cremation process may take up to one year.\**

If you would like to further support our Funeral Service Program, please consider making a tax-deductible donation by using the QR code below. This donation will directly benefit our students.



# MERCER COUNTY COMMUNITY COLLEGE

## INSTRUCTIONS FOLLOWING BEQUEATHAL

Please select the option which applies:

- 1) I, \_\_\_\_\_, wish to have the cremated remains of my \_\_\_\_\_ (relationship), \_\_\_\_\_ (name), returned. I acknowledge that I am responsible for picking up the cremated remains within 30 days of their arrival back at the college.

Signed \_\_\_\_\_ Date \_\_\_\_\_

- 2) 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 fee of \$100 will be incurred for the shipping of cremated remains by the USPS, Certified Mail Express. This covers the cost of shipping, handling and insurance.

Signed \_\_\_\_\_ Date \_\_\_\_\_

- 3) I, \_\_\_\_\_, request that the cremated remains of my \_\_\_\_\_ (relationship), \_\_\_\_\_ (name), be scattered at sea. I will receive a certificate authenticating the scattering, with coordinates as well as the date and time that the scattering occurred.

Signed \_\_\_\_\_ Date \_\_\_\_\_

# Vital Statistics Approval for Certified Death Certificate

Legal Name of Deceased: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Town/State of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Legal Residence (street, city, state,  
zip): \_\_\_\_\_

Veteran: Y \_\_\_\_\_ No \_\_\_\_\_

Marital Status: \_\_\_\_\_

Deceased's Father's Name at Birth: \_\_\_\_\_

Deceased's Mother's Name at Birth (Maiden Name Req'd): \_\_\_\_\_

Name of Informant: \_\_\_\_\_

Informant's Legal Mailing Address: \_\_\_\_\_

Deceased's Highest Level of Education: \_\_\_\_\_

Usual Occupation of Deceased (even if retired): \_\_\_\_\_

Name of Last Employer with Town and State: \_\_\_\_\_

**Number of Death Certificates Requested: \_\_\_\_\_**

**NEW JERSEY AUTHORIZATION FOR CREMATION AND DISPOSITION**

Decedent Name \_\_\_\_\_ Case ID# \_\_\_\_\_

LAST, First Middle

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_ Age \_\_\_\_\_ Metal ID Disc# \_\_\_\_\_

Last Residence (if known) \_\_\_\_\_

Street Address, City, State and Zip Code

Place of Death \_\_\_\_\_

Street Address, City, State and Zip Code

Funeral Home Loc. # - Name \_\_\_\_\_

Funeral Home Street Address, City, State and Zip Code

The undersigned confirm that I/we have the full legal right and authority, and know of no living person who objects to the matters set forth herein or has a superior priority right under state law, to authorize the cremation, processing and disposition of the Decedent.

I/We authorize the Funeral Home to make arrangements for the cremation of the Decedent at \_\_\_\_\_ Crematory Name

Crematory Street Address, City, State and Zip Code and Telephone Number

and I/we give the Crematory the authority to cremate the Decedent in \_\_\_\_\_ Description of cremation container selected

To the best of my knowledge, the death of the Decedent **Did** **Did Not** occur as a result of a disease declared by the New Jersey Department of Health and Hospitals to be infectious, contagious, communicable, or otherwise dangerous to the public health.

I/we certify that the Decedent **Does** **Does Not** contain any type of implanted mechanical or radioactive device.

Listed below are all implanted mechanical and radioactive devices implanted in the Decedent. If no instruction for disposition is given, such items will be disposed of at the discretion of the Funeral Home.

Description of Implanted Device

Disposition

To the best of my knowledge, the Decedent **Did** **Did Not** receive radiation therapy. Specify the type of radiation \_\_\_\_\_ Date of Radiation Therapy \_\_\_\_\_

I/We authorize the Crematory to return the cremated remains of the Decedent to the Funeral Home. I/We understand that the Crematory's services and obligations shall be fulfilled upon return of the cremated remains to the Funeral Home. If additional room is needed to record multiple divisions of the cremated remains, complete and attach the Authorization for Division of Decedent Ashes form. I/We hereby authorize the Funeral Home to arrange for the disposition of the cremated remains as follows on \_\_\_\_\_ Date of Disposition (if known)

Urn or minimum acceptable container(s) selected: \_\_\_\_\_

Special handling: \_\_\_\_\_

• Deliver to: \_\_\_\_\_ Name and Address of Cemetery

• Release to the following individual(s): \_\_\_\_\_ Name of Designated Individuals to Receive the Cremated Remains

• Scattering at Sea: \_\_\_\_\_ Name of Funeral Home or Funeral Home's Agent

• Ship in suitable container via **U.S. Priority Mail Express\*** to: \_\_\_\_\_ Name and Address \_\_\_\_\_

• Other: \_\_\_\_\_

\*The Funeral Home and Crematory are not responsible for any loss or damage of the cremated remains shipped via Priority Mail Express with the United States Postal Service. I/We agree to release and hold Funeral Home and Crematory harmless from any and all claims related to such shipping.

In the event the disposition of the cremated remains is not carried out as instructed for a period of 30 days after the cremated remains are available, the Funeral home shall give written notice by Certified Mail to me/us. I/We agree that in the event the cremated remains remain unclaimed for a period of 30 days after the date such written notification is mailed, the Funeral Home is authorized and directed to mail the cremated remains via U.S. Priority Mail Express\* to:

Printed Name of Individual to Receive Cremated Remains \_\_\_\_\_ Street Address, City, State, Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

The undersigned agrees to bear the costs of such shipping and further agrees to release, indemnify and hold the Funeral Home harmless against any and all liabilities, claims, damages or expenses in the event that the cremated remains and/or their container are damaged or lost during such shipping. In the event that the cremated remains are rejected or the postal service is otherwise unable to accomplish delivery, the Funeral Home is hereby authorized to dispose of the cremated remains in any lawful manner.

**NEW JERSEY AUTHORIZATION FOR CREMATION AND DISPOSITION****SIGNATURE OF PERSON(S) AUTHORIZING CREMATION AND DISPOSITION**

I/We warrant that all representations and statements made herein are true and correct, and that I/we have read and understand the provisions contained on all pages of this document.

<b>Printed Name</b>	<b>Signature</b>		
<b>Street Address</b>	<b>Date</b>	<b>Relationship to Decedent</b>	
<b>City, State, Zip Code</b>	<b>Telephone Number</b>		
Funeral Director Print Name	Funeral Director Signature	License Number	Date

**FUNERAL DIRECTOR REPRESENTATIONS**

I delivered the remains to the crematory, I certify the contents of the casket or container and I acknowledge that any surgical implants that must be removed prior to cremation have been removed.

Funeral Director Print Name	Funeral Director Signature	License Number	Date
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\*\*\*Additional Authorized Representatives may sign on the last page of this document.

I/We agree that the cremation, processing and disposition of the Decedent shall be subject to the following terms and conditions:

1. The Crematory requires the Decedent be placed in a combustible, leak resistant, rigid cremation container. In the event the Decedent is received in a casket or other container constructed of metal, fiberglass, or other noncombustible materials, the Decedent will be placed in a combustible cremation container. The Crematory is authorized to remove and dispose of handles, ornaments and any other noncombustible items attached to the cremation container prior to cremation. The Funeral Home or Crematory may dispose of any such noncombustible casket in any lawful manner it deems appropriate.
2. Mechanical or radioactive devices implanted in the Decedent, such as traditional pacemakers, may create a hazard when placed in the cremator. The Crematory will not knowingly cremate any human remains which contain any type of implanted mechanical or radioactive device that could cause harm to the Crematory or its employees. In the event the Decedent has such a device, I/we authorize the Funeral Home, its agents and associates, to remove the device prior to cremation and dispose of such items at its discretion or as indicated above.
3. Leadless pacemakers are mechanical or radioactive devices implanted intravenously and cannot be removed or retrieved by the Funeral Home or Crematory prior to cremation of the Decedent. These devices can be cremated. In such an instance, the cremation process will cause irreparable damage to the device rendering it unusable and irretrievable.
4. Following cremation, the cremated remains, consisting primarily of bone fragments, will be mechanically pulverized to an unidentifiable consistency prior to placement in an urn or other container.
5. In the event the urn or container is insufficient to accommodate all of the cremated remains, any excess cremated remains will be placed in a secondary container and returned to the Funeral Home, together with the primary urn or container.
6. Even with the exercise of reasonable care and the use of the Crematory's best efforts, it is not possible to recover all particles of the cremated remains. Some particles may become commingled with particles of other cremated remains remaining in the cremator and/or other devices utilized to process the cremated remains. The Crematory will dispose of any such residual particles in any lawful manner it deems appropriate.
7. I/We agree to indemnify, release and hold the Crematory, Funeral Home, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of action (including attorneys' fees and expenses of litigation) in connection with the cremation and disposition of the cremated remains, as authorized herein, or my/our failure to correctly identify the remains of the Decedent, disclose the presence of any implanted mechanical or radioactive devices, or take possession of, or make permanent arrangements for, the disposition of such remains.
8. Except as set forth in this Authorization, by the Funeral Home, Crematory, or any of their respective affiliates, agents, or employees make no expressed or implied warranties.

# NEW JERSEY AUTHORIZATION FOR CREMATION AND DISPOSITION

## ADDITIONAL AUTHORIZED REPRESENTATIVES

Decedent Name - LAST, First Middle

Date of Birth

Date of Death

Case ID#

I/We warrant that I/we have read and reviewed all previous pages of the Cremation for Authorization and Disposition, that all representations and statements made herein are true and correct, that I/we have read and understand the provisions and disclosures contained on the previous pages of this document, and hereby authorize the above named Funeral Home to make disposition of the Decedent as indicated above.

\_\_\_\_\_  
Printed Name of Authorized Representative                      Authorized Representative Signature                      Date                      Relationship to Decedent

\_\_\_\_\_  
Address                      City                      State                      Zip                      Telephone Number

\_\_\_\_\_  
Printed Name of Authorized Representative                      Authorized Representative Signature                      Date                      Relationship to Decedent

\_\_\_\_\_  
Address                      City                      State                      Zip                      Telephone Number

\_\_\_\_\_  
Printed Name of Authorized Representative                      Authorized Representative Signature                      Date                      Relationship to Decedent

\_\_\_\_\_  
Address                      City                      State                      Zip                      Telephone Number

\_\_\_\_\_  
Printed Name of Authorized Representative                      Authorized Representative Signature                      Date                      Relationship to Decedent

\_\_\_\_\_  
Address                      City                      State                      Zip                      Telephone Number

\_\_\_\_\_  
Printed Name of Authorized Representative                      Authorized Representative Signature                      Date                      Relationship to Decedent

\_\_\_\_\_  
Address                      City                      State                      Zip                      Telephone Number

\_\_\_\_\_  
Printed Name of Authorized Representative                      Authorized Representative Signature                      Date                      Relationship to Decedent

\_\_\_\_\_  
Address                      City                      State                      Zip                      Telephone Number

\_\_\_\_\_  
Printed Name of Authorized Representative                      Authorized Representative Signature                      Date                      Relationship to Decedent

\_\_\_\_\_  
Address                      City                      State                      Zip                      Telephone Number

\_\_\_\_\_  
Printed Name of Authorized Representative                      Authorized Representative Signature                      Date                      Relationship to Decedent

\_\_\_\_\_  
Address                      City                      State                      Zip                      Telephone Number

\_\_\_\_\_  
Printed Name of Authorized Representative                      Authorized Representative Signature                      Date                      Relationship to Decedent

\_\_\_\_\_  
Address                      City                      State                      Zip                      Telephone Number

\_\_\_\_\_  
Printed Name of Authorized Representative                      Authorized Representative Signature                      Date                      Relationship to Decedent

\_\_\_\_\_  
Address                      City                      State                      Zip                      Telephone Number

## Identification Acknowledgement

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Name of Decedent \_\_\_\_\_  
LAST, First Middle

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Case ID# \_\_\_\_\_

Loc # - Name of Funeral Home \_\_\_\_\_

### Method of Identification Confirmation

At the request of the undersigned Authorized Representative, confirmation of the Decedent's identity shall be accomplished:

- Using a recent (within last 6 months) photograph – attach if provided
- By identifiable markings such as scars, birthmarks, tattoos, etc. (describe): \_\_\_\_\_  
\_\_\_\_\_

- By Visual Identification  
\_\_\_\_\_  
Name of Person Confirming Visual Identification Relationship to Decedent

By signing below, I confirm that ample time was provided to confirm proper identification prior to my signing and that there is no doubt or question about this identification.

\_\_\_\_\_  
Signature of Person Confirming Visual Identification Date

- Other (describe): \_\_\_\_\_

If identity is confirmed through (i) visual identification by the Authorized Representative or the person selected by the Authorized Representative, or (ii) using incorrect or inaccurate information provided by the Authorized Representative or his/her designee, the undersigned agrees to assume all liability for any incorrect identification, and agrees to indemnify, defend and hold harmless the funeral home, its officers, agents, and employees, from any and all claims, damages, liabilities and costs (including reasonable attorney's fees) which may arise if the identification is inaccurate.

\_\_\_\_\_  
Printed Name of Authorized Representative Relationship to Decedent

\_\_\_\_\_  
Signature of Authorized Representative Date

\_\_\_\_\_  
Address City State/Province Zip/Postal Code

### TO BE COMPLETED BY FUNERAL HOME REPRESENTATIVE

By signing below, I confirm I witnessed the identification of the Decedent was performed and confirmed using the method selected above by the Authorized Representative.

\_\_\_\_\_  
Printed Name of Funeral Home Representative

\_\_\_\_\_  
Signature of Funeral Home Representative Date



# Release Authorization

Name of Decedent \_\_\_\_\_  
LAST, First Middle

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Case ID# \_\_\_\_\_

Loc. # - Name of Funeral Home \_\_\_\_\_

I, the undersigned, hereby authorize and request \_\_\_\_\_,  
Name of Place of Death or the Funeral Home

release/transfer the remains of the Decedent to \_\_\_\_\_,  
Name of Funeral Home or Institute

I acknowledge and agree that this release authorization permits the Funeral Home to use the services of other funeral home/affiliates or other independent contractors in connection with the transfer of the Decedent from the place of death or Funeral Home.

I represent that I have legal authority to give this authorization. I agree to indemnify and hold harmless the Funeral Home, its affiliates and their agents and employees from any and all liability or claim which may arise as a result of this release authorization.

## Verbal Authorization received from:

\_\_\_\_\_  
Printed Name of Authorizing Person

\_\_\_\_\_  
Relationship to Decedent

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

## Verbal Authorization received by:

\_\_\_\_\_  
Printed Name of Funeral Home Representative

\_\_\_\_\_  
Signature of Funeral Home Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

## Written Authorization and/or Confirmation of Verbal Authorization:

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Relationship to Decedent

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Funeral Home Representative

\_\_\_\_\_  
Signature of Funeral Home Representative

\_\_\_\_\_  
Date