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General Information & Donor Registration Form

West Virginia Anatomical Board

Please complete this form and return to the Human Gift Registry. This information is necessary when completing the death certificate and will be held in confidence according to HIPAA guidelines. Please answer all questions.

Print or type name of donor _____

In the hope that I might help others, I hereby make this anatomical gift to take effect upon my death. I understand that by this gift, I donate the remains of my body for anatomical study in the advancement of scientific and medical education and research. This gift is made in accordance with the West Virginia Higher Education Policy Commission Anatomical Board, Title 133 Series 33.

Date of Birth _____ Age _____ Gender _____

Approximate weight _____ City and State of Birth _____

State of residence _____ County _____

Inside city limits (yes/no) _____

Marital Status _____ Spouse's Name (if female give maiden name) _____

Contact Name (or next-of-kin) _____

Contact Address: Street _____ City,State, Zip _____

Mother's Name (first,middle,maiden) _____

Father's Name (first,middle,last) _____

Race (American Indian,White,Black,etc.) _____

Hispanic Origin (yes/no) _____ If yes, specify country (Cuban,Mexican,PR,etc.) _____

Education completed 1–12 _____ College 1–4 _____ Other _____

Served in U.S. Armed Forces (yes/no) _____

Usual Occupation (prior to retirement) _____ Kind of Business or Industry _____

List any known infectious diseases _____
(HIV+,AIDS,Hepatitis,TB,Herpes,etc.)

Preferred Registry Location *Check Only One*

- ❑ West Virginia University
- ❑ Marshall University
- ❑ WV School of Osteopathic Medicine

Request To Send Invitation for Memorial Service

❑ Please send an invitation for the annual Memorial Service (multiple family/friends may attend per invitation)

Name (one only) _____ Phone _____

_____

Address _____ _____
Street City, State, Zip

Side 1 of 2. Form continues on reverse side.

I have read the information about body donations provided on the HGR Web Page and/or the HGR Brochure and understand and accept the following:

- I am donating my body for education and research to the WV Anatomical Board and one of the Human Gift Registries at West Virginia University, Marshall University or the West Virginia School of Osteopathic Medicine.
- My body may be used at WVU, Marshall or WV School of Osteopathic Medicine, or at another location within the State of West Virginia, within another State, or Internationally.
- My ashes may not contain the cremated remains of my entire body.
- The Anatomical Board and the Human Gift Registries reserve the right to decline to accept any donation for the reasons listed in the information pages. If the body is declined, the Anatomical Board and HGRs will not accept financial responsibility for the disposition of the body.
- My ashes will be interred at Memorial Gardens of WVU, Marshall or WV School of Osteopathic Medicine unless I specifically designate below a person that I wish to receive my ashes.

Designation of Ashes: *Check Only One*

❑ I direct that my ashes be interred at the Registry checked above.

❑ I direct that my ashes be returned to only one individual identified below (with the priority going first to a, then b, and then c). Only individuals' listed below will be allowed to receive ashes. If the HGR is unable to make contact with any of the listed individuals, the ashes will be placed in the Memorial Vault. Distribution by the HGR to individuals other than those named by the donor will require a court order.

a. Name _____ Phone _____
Relationship to Donor _____ E-mail _____
Address _____

b. Name _____ Phone _____
Relationship to Donor _____ E-mail _____
Address _____

c. Name _____ Phone _____
Relationship to Donor _____ E-mail _____
Address _____

Donor and the Witnesses must sign in the presence of each other

Donor Signature _____ Date _____

Phone _____ Social Security Number _____

Address _____ _____
Street City, State, Zip Code

County _____

First Witness

Signature _____

Date _____

Street Adress _____

City, St, Zip _____

Second Witness

Signature _____

Date _____

Street Adress _____

City, St, Zip _____

Side 2 of 2. Complete both sides of form.