

**Donor's Legal Name:** \_\_\_\_\_

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**Willed Body Donors advance our mission,  
*Discover. Teach. Heal.***

## **General Instructions**

**UCI School of Medicine  
Willed Body Program  
252 Irvine Hall  
Irvine, California 92697-3950**

All donor registration forms must be completed and signed where indicated. The UC Donation Agreement will require a signature witnessed by two people or a Notary Public. Mail the completed forms, which include the entire donor application, to the UC Irvine Willed Body Program in the envelope provided or to the address noted above. Once the forms have been reviewed and accepted by the Program, an acknowledgement will be sent to you along with a donor identification card. Please feel welcome to call the Willed Body Program at 949-824-6061 for questions or assistance in completing the forms. All information provided will remain confidential to the extent allowed by law.

### **Vital Statistics**

The information provided is of great value to teaching and research and is also required to complete certain government forms. The information will also be used for completion and processing the **death certificate** with the State of California, Office of Vital Records. All boxes must be completed to the best of your ability. If you do not have the information for an item, write "unknown" or "none" in that space. Do not leave any blank boxes. Please PRINT all information and double check for spelling errors.

### **Worksheet for Education and Race/Ethnicity**

This form is a guide when completing certain items found on the Vital Statistics form.

### **Donation Agreement**

Please sign this form in front of two witnesses or a Notary Public (if you are signing the donation agreement for yourself). If the donation is made by the authorized agent under a valid durable power of attorney for healthcare or directive that expressly authorizes the authorized agent to make an anatomical gift of all or part of the principal's body, a complete legible copy of the durable power of attorney for health care or directive must accompany this form.

### **Order for Release**

Please sign where indicated. This form is used only when a signed release is required from a hospital or other institution.

PLEASE PRINT LEGIBLY-THIS INFORMATION IS USED TO COMPLETE THE DEATH CERTIFICATE

DONOR'S LEGAL NAME \_\_\_\_\_

PREFERRED NAME (AKA) & PRONOUN \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_ DATE \_\_\_\_\_

MALE  FEMALE  NON-BINARY

DATE OF BIRTH \_\_\_\_\_ STATE OF BIRTH \_\_\_\_\_ or FOREIGN COUNTRY \_\_\_\_\_

DONOR'S SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ US ARMED FORCES  Yes,  No,  Unknown

MARITAL STATUS  NEVER MARRIED,  MARRIED,  WIDOWED,  DIVORCED,  REGISTERED DOMESTIC PARTNER

- Education options: 0-11th grade, GED completed, Master's degree, 12th grade, Some college credit, Associate degree, Doctorate, High school graduate, Bachelor's degree, Professional degree.

SPANISH/HISPANIC  No,  Yes: Mexican,  Yes: Mexican American,  Yes: Other Hispanic \_\_\_\_\_

RACE (Up to three selections allowed)

- Race options: White, Black, African American, Alaska Native, Aleut, Inuit, Native American, American Indian, Guamanian, Samoan, Other Pacific Islander, Asian Indian, Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Laotian, Vietnamese, Thai, Other Asian, Other Specify.

USUAL OCCUPATION \_\_\_\_\_ (If you are now retired or disabled, please give occupation information BEFORE retirement or disability)

KIND OF INDUSTRY OR BUSINESS \_\_\_\_\_ YEARS IN OCCUPATION \_\_\_\_\_

DONOR USUAL ADDRESS \_\_\_\_\_ STREET CITY STATE/ZIP CODE

COUNTY OF RESIDENCE \_\_\_\_\_ No. OF YEARS IN THIS COUNTY \_\_\_\_\_

NAME OF SURVIVING SPOUSE (enter BIRTH name) \_\_\_\_\_

FULL NAME OF FATHER/PARENT \_\_\_\_\_ BIRTHPLACE OF PARENT \_\_\_\_\_

FULL NAME OF MOTHER/PARENT \_\_\_\_\_ BIRTHPLACE OF PARENT \_\_\_\_\_

NAME OF PHYSICIAN \_\_\_\_\_ PHONE No. \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ PRESENT STATE OF HEALTH \_\_\_\_\_

SURGICAL HISTORY: KNEE, HIP, SHOULDER, SPINE OR OTHER JOINT?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HYSTERECTOMY?  Yes  No      PROSTATECTOMY?  Yes  No

HISTORY of SMOKING?  Yes  No; if yes, how many years? \_\_\_\_\_

DISEASE HISTORY or TREATMENT: HEPATITIS A, B OR C, HIV/AIDS, TUBERCULOSIS, OTHERS (MRSA, CREUTZFELDT-JAKOB)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL HEALTH INFORMATION INCLUDING ILLNESSES, OPERATIONS, ACCIDENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU HEAR OF THE PROGRAM?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Friend                     | <input type="checkbox"/> Newspaper                   | <input type="checkbox"/> Advanced Directive |
| <input type="checkbox"/> Program Website            | <input type="checkbox"/> UC Publication/Presentation | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Facebook/Instagram/YouTube | <input type="checkbox"/> Doctor's Office/Hospital    |   |

RELIGIOUS AFFILIATION (optional): \_\_\_\_\_

# UNIVERSITY OF CALIFORNIA DONATION AGREEMENT

## 1. INFORMATION ON THE UC ANATOMICAL DONATION PROGRAM

The UC Anatomical Donation Program at (also known as the donated body, body donation, willed body or anatomical materials program, but referred to as “Program” in this document) accepts donations of human bodies for use by various institutions and individuals for education and research purposes. The Program’s goals are:

1. Assisting the education of current and future physicians, other healthcare practitioners, anatomists, forensic scientists and mortuary technicians.
2. Contributing to scientific research that will assist in development of procedures and/or products with the intent of improving the human condition in biomedical and scientific contexts.

Based on the Program’s current and future policies and procedures, the Program will exclusively determine the manner in which a donated body and any data, including images, derived from the donation will be utilized. The Program may support others in the development of commercialized products in a limited manner; for example, with the use of non-identifying images in text books or other instances where the primary benefit of the use is for education and research. Section 3 of this donation agreement provides additional information about the use of bodies donated to UC.

When this agreement has been completed and the Program has confirmed registration, the donor will be provided with a Donor Card that contains the necessary information to contact the Program at the time of death.

Donations will remain confidential. Once a donor’s remains have been accepted into the Program, acknowledgement will be sent only to the person, or persons, designated by a donor in this application. “Donor” as used in this agreement means the individual whose body or part is the subject of the anatomical gift.

Due to the nature and variability of uses for scientific research and education, cremated remains or any by-products of the cremation process WILL NOT be returned. By signing this agreement, you, as a donor or a donor’s legal representative, acknowledge that remains will not be returned and specifically waive the provisions of California Health & Safety Code Section 7151.40(b) that provides for the return of cremated remains to certain individuals. The Program will not offer exceptions to this policy and encourages potential donors to consider the impact of this policy on their families or communities.

**Initials** 

**2. INSTRUCTIONS FOR SURVIVORS (RESPONSIBLE PARTY)**

1. Upon the death of a donor, please notify the Program of the death immediately, as a delay can result in rendering the remains unusable to the Program. Please ensure that body is not embalmed and is otherwise unprepared.
2. Although every effort will be made to accept a donor’s body, the Program may decline a donation at the time of death at its sole discretion. While this situation is unusual, please consider alternative arrangements for the disposition of the body should the body be deemed unsuitable for donation.
3. The University of California accepts donations throughout the State of California and, in special circumstances, from neighboring states. Upon notification of a donor’s death, donors are typically received by the campus program location that is geographically closest. However, the university shall have the option of:
  - a. arranging for the body to be accepted by any University of California Anatomical Donation Program location.
  - b. declining to accept the donation of the body.
4. The Program will have an original certificate of death filed with the county where death occurs, in compliance with the Registrar of Births and Deaths. The donor’s responsible party must obtain necessary copies of the certificate of death. The Program will provide the contact information for the local Registrar.
5. Third-party donations (for example, donations made by an Agent named on a Durable Power of Attorney for Health Care or the person who has control over the disposition of the decedent’s body) may also be accepted. Individuals making third-party donations must sign the required documentation found in this agreement specifying that they are compliant with the stated criteria.
6. Upon a donor’s death, the Program will send an acknowledgement letter to a family member or friend (the person or persons you have designated in the fields below) or may contact that person to verify information for the certificate of death or for other reasons. You may decline to designate a recipient or you may designate more than one person. If you are signing on behalf of the donor, you may designate yourself.

Name(s) \_\_\_\_\_ Relationship(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip code \_\_\_\_\_

Phone number/E-mail \_\_\_\_\_

**OR**

I elect not to name a recipient: \_\_\_\_\_

**Initials**

### 3. USE OF DONATED BODIES

Whole body donors may be used in the following manner:

1. The program will determine medical suitability of a donated body through a process that may include review of medical records, a medical or social history questionnaire and/or serology testing. Testing may include obtaining a blood sample to screen for Hepatitis B, Hepatitis C, HIV, or other communicable diseases that may render the body as medically unsuitable for donation. Results of tests will not be disclosed to the donor's designated survivor/responsible party but will be reported to the California Department of Health Services if mandated by law.
2. A donated body may be chemically preserved by the Program or used in a non-embalmed state as anatomical material.
3. A donated body may be dissected, examined, studied, and preserved for a substantial period of time, including the possibility of permanent retention, and may be used for more than one purpose. Parts of the body such as limbs or organs may be removed and separated from the whole. Bodily fluids and tissues may be analyzed and destroyed.
4. A donated body and/or part of the body may be provided to educators, students, researchers or others at University of California campuses, as well as to other educational institutions, researchers, non-profit entities and entrepreneurial entities, such as those who develop surgical instruments or healthcare products. When a donation is made, donors, survivors and/or responsible parties **cannot** designate the uses to which the body will be put nor the persons or entities that will use the body. The University of California reviews requests for uses and approves them on a case by case basis according to their scientific and educational merit.
5. The Program may support the development of commercialized products in a limited manner when the primary benefit of the use is for education and research (for example, in textbooks, or educational software).
6. Donor data, including health data and images, derived during the registration, donation or use may be used for education and research purposes. Data will be de-identified and stored or shared securely.
7. The Program shall be entitled to recover all of its acquisition, preservation, storage, transportation, disposition and related costs (both fixed and non-fixed) from the approved researcher or educator (end-user).
8. If it is determined that, for any reason, a body cannot be used by the Program, or by any educator or researcher approved for use of anatomic material donated to the Program, it will be cremated or undergo a final disposition in a manner consistent with the existing California law. Personal belongings received with a body including eyeglasses, dentures or pacemakers may be donated, refurbished or recycled. Other items such as clothing or bedding will be discarded.

**Initials**

#### 4. DISPOSITION OF DONATED BODIES

The following applies to the ultimate disposition of donor bodies by the Program. By signing this Agreement, a donor or his/her responsible party authorizes the Program and its agents to dispose of the donor by cremation or by another legal manner that may be approved at the time of death.

1. Because parts of the body may be removed during its use, these parts may be disposed of at different times and at different locations. Upon completion of the use of the body or any part of the body, the material may be cremated or otherwise disposed of by any means permitted under state law in effect at the time of disposition.
2. Under certain circumstances, body parts, tissue and fluids may undergo disposition with material from other donors, in accordance with California law.
3. Survivors/responsible parties will not be notified of the time, place or manner of the disposition of a body or any part of a body, or of the final disposition of the remains. The cremation of some parts of the body may not result in the creation of any remains for disposition due to the composition of those body parts.
4. The donor or legally responsible person signing on behalf of the donor expressly waives the provisions of California Health & Safety Code Section 7151.40(b) that provides for the return of cremated remains. Due to the nature and variability of uses for scientific research and education, cremated remains or any by-products of the cremation process **WILL NOT** be returned.

**Initials** \_\_\_\_\_

#### 5. INFORMATION ON HOW TO REVOKE A DONATION

Donations may be revoked in accordance with the California Health and Safety Code. The process to revoke a donation is different for a person donating his/her own body (self-donation) and for a donation made by another (authorized person). Please read and acknowledge your understanding of how to revoke a donation by affixing your initials.

1. Self-Donation

A donor may revoke an anatomical donation at any time prior to death. *After death, this donation cannot be revoked by survivors/responsible parties and survivors/responsible parties cannot change any term or condition of the gift.* By signing this agreement, a donor intends for the University of California to have the exclusive right to control the use and disposition of their body upon death.

2. Donation made by another authorized person

An authorized person, other than the decedent, who has the legal right to make a donation according to California Health and Safety Code 7150.40, may revoke an anatomical donation only if, before an incision is made or an invasive procedure has begun to prepare the donor, the Program is made aware of the revocation.

**Initials** \_\_\_\_\_



**PLEASE COMPLETE SECTION 6 IF YOU ARE SIGNING FOR YOURSELF. IF YOU ARE SIGNING ON BEHALF OF THE DONOR, PROCEED TO SECTION 7. PLEASE NOTE THAT ONLY THE DONOR OR AGENT WITH DURABLE POWER OF ATTORNEY FOR HEALTHCARE MAY SIGN PRIOR TO THE DEATH OF THE DONOR.**

**6. PLEASE COMPLETE THIS SECTION WHEN SIGNING FOR YOURSELF.**

I, \_\_\_\_\_, hereby donate my body upon my death to the University of California pursuant to the terms and conditions set forth herein. I am at least 18 years of age. I adopt these descriptive and declarative terms and conditions as my own and make them my instructions for the disposition of my body upon my death. I have read and considered all of the information contained in this Donation Agreement. I have initialed each section of the Agreement indicating my understanding of the information and my desire to donate my body pursuant to this Agreement.

---

Signature

Date

---

Print Name

---

Address

City/State/Zip

---

Phone/E-mail

**TWO WITNESSES OR NOTARIZATION REQUIRED**

**This agreement must be either signed by two witnesses, with at least one as a “disinterested witness”, OR may be notarized by a notary public in lieu of witnesses if you are signing this donation agreement for yourself.**

**1. WITNESSES**

“Disinterested witness” means a witness other than the spouse, child, parent, sibling, grandchild, grandparent, or guardian of donor, or another adult who exhibited special care and concern for the individual.

We, the undersigned, have witnessed the signing of this document by the donor.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Disinterested Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

**2. NOTARIZATION**

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

State of California  
County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)  
(Signature of Notary Officer)

**7. PLEASE COMPLETE THIS SECTION IF YOU ARE THE SPOUSE, REGISTERED DOMESTIC PARTNER, AGENT NAMED IN THE DURABLE POWER OF ATTORNEY FOR HEALTHCARE OR THE PERSON WHO HAS CONTROL OVER THE DISPOSITION OF THE DECEDENT'S BODY.**

I have read and fully understood the policies set forth in this document. As the legally responsible party under this section for \_\_\_\_\_ (name of deceased) I wish to donate his/her remains to the University of California. I accept all terms and conditions set forth in this document and I know of no express, contrary information indicating that the decedent would not want to donate his/her body.

\_\_\_\_ I am the spouse of the deceased donor.

\_\_\_\_ I am the registered domestic partner of the deceased donor.

\_\_\_\_ I am the agent for the donor with power of attorney for health care and I have the right and duty of disposition under Division 4.7 (commencing with Section 4600) of the Probate Code or, I have been designated to control the donor's disposition in an Advance Health Care Directive. **A copy of the Durable Power of Attorney for Healthcare or Directive must be attached.**

\_\_\_\_ I am the declared claimant of the deceased donor and have completed the attached affidavit in support of this claim.

---

Signature Relationship to Decedent Date

---

Print Name

---

Address City/State/Zip

---

Phone/E-mail

**TWO WITNESSES REQUIRED**

**This agreement must be signed by two witnesses, with at least one as a “disinterested witness”.**

**1. WITNESSES**

“Disinterested witness” means a witness other than the spouse, child, parent, sibling, grandchild, grandparent, or guardian of donor, or another adult who exhibited special care and concern for the individual.

We, the undersigned, have witnessed the signing of this document by the donor.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of **Disinterested** Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
City/State/Zip

**8. AFFIDAVIT IN SUPPORT OF CLAIM TO CONTROL DISPOSITION OF BODILY REMAINS (Pursuant to Health and Safety Code Section 7100). PLEASE COMPLETE THIS SECTION IF YOU ARE THE PERSON WHO HAS CONTROL OVER THE DISPOSITION OF THE DECEDENT’S BODY.**

Name of Decedent \_\_\_\_\_

Name of Claimant \_\_\_\_\_

Address of Claimant \_\_\_\_\_  
\_\_\_\_\_

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

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



***I claim the right to control the disposition of the Decedent's bodily remains because: (check all that apply)***

- The Decedent named me to control the disposition of his or her body in a will or other document (attach a copy of the document).
  
- I am the Decedent's (circle one) *child, parent, grandparent* or *nearest other relative*. (If you are the Decedent's child, you must have the approval of the majority of the Decedent's children to arrange the disposition of the body. By signing below, you represent that you have the approval of the majority of the Decedent's children, or that you have made reasonable efforts to notify all of the Decedent's other children of your arranging the disposition of the Decedent's body).

---

I am not aware of any person who objects to my arranging the disposition of the body of the Decedent.

I am not aware of any written or oral instruction by the Decedent, or any contract for funeral services by the decedent, that give control of the disposition of the Decedent's remains to any other person.

I am aware of and have received a copy of Health and Safety Code Section 7100 and agree to comply with the provisions therein.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**HEALTH AND SAFETY CODE  
SECTION 7100**

7100. (a) The right to control the disposition of the remains of a deceased person, the location and conditions of interment, and arrangements for funeral goods and services to be provided, unless other directions have been given by the decedent pursuant to Section 7100.1, vests in, and the duty of disposition and the liability for the reasonable cost of disposition of the remains devolves upon, the following in the order named:

(1) An agent under a power of attorney for health care who has the right and duty of disposition under Division 4.7 (commencing with Section 4600) of the Probate Code, except that the agent is liable for the costs of disposition only in either of the following cases:

(A) Where the agent makes a specific agreement to pay the costs of disposition.

(B) Where, in the absence of a specific agreement, the agent makes decisions concerning disposition that incur costs, in which case the agent is liable only for the reasonable costs incurred as a result of the agent's decisions, to the extent that the decedent's estate or other appropriate fund is insufficient.

(2) The competent surviving spouse.

(3) The sole surviving competent adult child of the decedent, or if there is more than one competent adult child of the decedent, the majority of the surviving competent adult children. However, less than the majority of the surviving competent adult children shall be vested with the rights and duties of this section if they have used reasonable efforts to notify all other surviving competent adult children of their instructions and are not aware of any opposition to those instructions by the majority of all surviving competent adult children.

(4) The surviving competent parent or parents of the decedent. If one of the surviving competent parents is absent, the remaining competent parent shall be vested with the rights and duties of this section after reasonable efforts have been unsuccessful in locating the absent surviving competent parent.

(5) The sole surviving competent adult sibling of the decedent, or if there is more than one surviving competent adult sibling of the decedent, the majority of the surviving competent adult siblings. However, less than the majority of the surviving competent adult siblings shall be vested with the rights and duties of this section if they have used reasonable efforts to notify all other surviving competent adult siblings of their instructions and are not aware of any opposition to those instructions by the majority of all surviving competent adult siblings.

(6) The surviving competent adult person or persons respectively in the next degrees of kinship, or if there is more than one surviving competent adult person of the same degree of kinship, the majority of those persons. Less than the majority of surviving competent adult persons of the same degree of kinship shall be vested with the rights and duties of this section if those persons have used reasonable efforts to notify all other surviving competent adult persons of the same degree of kinship of their instructions and are not aware of any opposition to those instructions by the majority of all surviving competent adult persons of the same degree of kinship.

(7) The public administrator when the deceased has sufficient assets.

(b) (1) If any person to whom the right of control has vested pursuant to subdivision (a) has been charged with first or second degree murder or voluntary manslaughter in connection with the decedent's death and those charges are known to the funeral director or cemetery authority, the right of control is relinquished and passed on to the next of kin in accordance with subdivision (a).

(2) If the charges against the person are dropped, or if the person is acquitted of the charges, the right of control is returned to the person.

(3) Notwithstanding this subdivision, no person who has been charged with first or second degree murder or voluntary manslaughter in connection with the decedent's death to whom the right of control has not been returned pursuant to paragraph (2) shall have any right to control disposition pursuant to subdivision (a) which shall be applied, to the extent the funeral director or cemetery authority know about the charges, as if that person did not exist.

(c) A funeral director or cemetery authority shall have complete authority to control the disposition of the remains, and to proceed under this chapter to recover usual and customary charges for the disposition, when both of the following apply:

(1) Either of the following applies:

(A) The funeral director or cemetery authority has knowledge that none of the persons described in paragraphs (1) to (6), inclusive, of subdivision (a) exists.

(B) None of the persons described in paragraphs (1) to (6), inclusive, of subdivision (a) can be found after reasonable inquiry, or contacted by reasonable means.

(2) The public administrator fails to assume responsibility for disposition of the remains within seven days after having been given written notice of the facts. Written notice may be delivered by hand, U.S. mail, facsimile transmission, or telegraph.

(d) The liability for the reasonable cost of final disposition devolves jointly and severally upon all kin of the decedent in the same degree of kinship and upon the estate of the decedent. However, if a person accepts the gift of an entire body under subdivision (a) of Section 7155.5, that person, subject to the terms of the gift, shall be liable for the reasonable cost of final disposition of the decedent.

(e) This section shall be administered and construed to the end that the expressed instructions of the decedent or the person entitled to control the disposition shall be faithfully and promptly performed.

(f) A funeral director or cemetery authority shall not be liable to any person or persons for carrying out the instructions of the decedent or the person entitled to control the disposition.

(g) For purposes of this section, "adult" means an individual who has attained 18 years of age, "child" means a natural or adopted child of the decedent, and "competent" means an individual who has not been declared incompetent by a court of law or who has been declared competent by a court of law following a declaration of incompetence.

252 Irvine Hall, Irvine, CA 92697-3950 ; Phone 949-824-6061 ; Fax 949-824-2114 ; som.uci.edu/willedbody

Donor's Legal First Name \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

I certify that pursuant to Section 7100, Health & Safety Code, State of California, it is my legal right to select a disposition service. Therefore, please release the body of the above deceased to the custody of the UCI School of Medicine Willed Body Program.

**Donor OR Agent with DPOA for HealthCare Must Sign:**

*Please sign where indicated. This form is used only when a signed release is required from a hospital or other institution to obtain custody of the body.*

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

(Write Donor or Agent)

Print Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_