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.
IN GU DONG TAE GUK TELE WORKSHEET

DATE

NAME

FIRST MIDDLE LAST

SEX MALE FEMALE

ALIAS

PHONE

ADDRESS STREET

CITY STATE ZIP

COUNTY OF RESIDENCE

HOMETOWN

NO. OF YEARS IN THIS COUNTY

RACE/ETHNICITY SPANISH/HISPANIC

Yes No

EDUCATION AND RACE IDENTITY WORKSHEET

DATE OF BIRTH STATE OF BIRTH

FULL NAME OF FATHER

BIRTHPLACE OF FATHER

FULL MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER

SOCIAL SECURITY #

US ARMED FORCES

Marital Status: single married divorced widowed unknown

Education: highest level completed

NAME OF PHYSICIAN PHONE NO.

HEIGHT WEIGHT

SURGICAL HISTORY

HYSTERECTOMY or PROSTATECTOMY?

DISEASE HISTORY or TREATMENT: A, B, C,

HEPATITIS, AIDS, TUBERCULOSIS, OTHERS?

ADDITIONAL HEALTH INFORMATION INCLUDING ILLNESSES, OPERATIONS, ACCIDENTS:

HOW DID YOU HEAR OF THE PROGRAM?

FRIEND PROGRAM WEBSITE FACEBOOK/INSTAGRAM/YOUTUBE NEWSPAPER UC

RELIGIOUS AFFILIATION (optional):
Worksheet for Education and Race/Ethnicity (for Reference only)

Notice to Informants (aka responsible party/survivor): The information requested is essential for determining the health problems of the population groups noted below, and your cooperation is appreciated. Completion of this work sheet in conjunction with the "Certificate of Death" is mandatory.

**DECEDENT'S EDUCATION**

Check the box that best describes the highest degree or level of school completed at the time of death.

☐ 0-11th grade.
   Enter highest year completed: ________

☐ 12th grade, but no diploma.

☐ High school graduate or GED completed. Enter either HS GRADUATE or GED: ________

☐ Some college credit, but no degree

☐ Associate degree (e.g., AA, AS)

☐ Bachelor’s degree (e.g., BA, AB, BS)

☐ Masters degree (e.g., MA, MS, MEng, MEd, MSW, MBA)

☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

**WAS DECEDENT SPANISH/HISPANIC/LATINO?**

☐ No

☐ Yes, Mexican, Mexican American, or Chicano

☐ Yes, Central American

☐ Yes, South American

☐ Yes, Cuban

☐ Yes, Puerto Rican

☐ Yes, other Spanish/Hispanic/Latino

Specify: ________________

**DECEDENT'S RACE OR ETHNICITY**

(Check one or more races to indicate what the decedent considered himself or herself to be.)

Enter up to 3 races.

☐ White

☐ Black, African American, or Negro

☐ American Indian or Alaska Native (North, South, and Central American Indian)
   Specify Tribe(s) ________________

☐ Native Hawaiian

☐ Guamanian

☐ Samoan

☐ Other Pacific Islander
   Specify: ________________

☐ Asian Indian

☐ Cambodian

☐ Chinese

☐ Filipino

☐ Hmong

☐ Japanese

☐ Korean

☐ Laotian

☐ Vietnamese

☐ Other Asian
   Specify: ________________

☐ Other
   Specify: ________________
1. UC 해부 기증 프로그램에 대한 정보

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 textbooks 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.

이니셜 Initials

최종 버전 Last revision: 12192018
2. Survivors (Responsible Party)

INSTRUCTIONS FOR SURVIVORS (RESPONSIBLE PARTY)

1. The condition of the body must be kept in a respectful manner. Please ensure that the body is not emulated 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.

이름 Name ___________________________ 관계 Relationship(s) ____________________________
주소 Address ____________________________
도시/주/우편번호 City/State/Zip code ____________________________
전화번호/이메일 Phone number/E-mail ____________________________
또는 OR ____________________________
본인은 수령인을 지정하지 않기로 선택합니다 I elect not to name a recipient: ____________________________
이니셜 Initials ____________________________

최종 버전 Last revision: 12192018
3. 기증된 시신의 사용
USE OF DONATED BODIES

전신 기증자는 다음과 같은 방식으로 사용될 수 있습니다.

1. 프로그램은 의료 기록 검토, 병력이나 사회생활 신문지 및/또는 혈종검 결과를 포함할 수 있는 과정을 통해 기증된 시신의 의료적 적합성을 결정합니다. 검사에는 B형 간염, C형 간염, 또는 시체가 의료적으로 기증에 적합하지 않다고 간주될 수 있는 기타 전염병에 대한 스테로린을 위한 혈액 검사 세류가 포함될 수 있습니다. 검사 결과는 기증자의 저명 선존자/재단장의 당사자에게 공개되지 않지만 법률에서 요구하는 경우 캘리포니아 주의 보건복지부에 보고됩니다.

2. 기증된 시신은 본 프로그램에 의해 화학적으로 보존될 수 있으며 또한 방부처리되지 않은 상태로 해부 개체로 사용될 수 있습니다.

3. 기증된 시신은 격려, 정신, 연구 및 영구 보존 가능성을 포함하여 장기간 보존될 수 있으며 한 가지 이상의 목적으로 사용될 수 있습니다. 사자나 기관 등 시신의 일부는 전세 시장에 제공되어 가격으로도 수익될 수 있습니다. 채택 및 조건 중 본명 및 위치를 제외하고 수익을场合합니다.

4. 기증된 시신 및/또는 시신의 일부는 교육자, 학생, 연구자 또는 캘리포니아 대학교 캠퍼스 내 기타인 및 수술 도구나 의료 제품을 개발하는 이와 같은 다른 교육 기관, 연구자, 비영리 기관 및 영리 기관 등에 제공될 수 있습니다. 기증 시 기증자, 선존자 및/또는 채택된 당사자는 시신의 사용 용도 또는 시신을 사용하는 개인이나 단체를 지정할 수 있습니다. 캘리포니아 대학교는 과학적 및 교육적 가치에 따라 사용 요청을 조정하고 사례 별로 승인합니다.

5. 프로그램은 시신의 주요 용도가 교육 및 연구용인 경우(예: 교육 또는 교육용 소프트웨어에 사용) 제공한 방식으로 상업용 제품 개발을 지원할 수 있습니다.

6. 건강 데이터 및 영상을 비롯해 등록, 기증 또는 사용 중에 생활된 기증된 데이터가 교육이나 연구 목적으로 이용될 수 있습니다. 데이터는 실험 정보를 제거해 안전하게 보관 또는 공유될 수 있습니다.

7. 본 프로그램은 시신의 해체, 보존, 보관, 운송, 처리 일체 및 관련 비용(고정 및 비고정 모두)을 수신인 연구자나 교육자(최종 사용자)로부터 회수할 자격이 있습니다.

8. 어떤 이유로든 본 프로그램, 또는 본 프로그램에 기증된 해부 재료 사용을 승인받은 교육자나 연구자가 시신을 사용할 수 없다고 결정되는 경우, 해당 시신은 화장되어거나 당사자의 캘리포니아 법에 따른 방식으로 최종 처리됩니다. 안전, 의학, 심장질환을 비롯해 시신과 함께 수령된 개인 소지품은 기증, 재처치 또는 재활용될 수 있습니다. 의복이나 청구 등의 기타 품목은 폐기됩니다.

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.

이니셜 Initials

최종 버전 Last revision: 12192018
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.

이니셜 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.

이니셜 Initials

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.

이니셜 Initials

최종 버전 Last revision: 12192018
6. 본인이 서명하는 경우 이 항을 작성해 주십시오.
PLEASE COMPLETE THIS SECTION WHEN SIGNING FOR YOURSELF.

본인, (Name) 은 이에 본 문서에 명시된 조건에 따라 본인 사망 시 본인의 시신을 캘리포니아 대학교에 기증합니다. 본인은 18세 이상입니다. 본인은 본 문서의 기술적이고 선언적인 조건을 본인의 것으로 새겨하며 본인의 사망 시 시신 처리에 대한 본인의 지지로 승낙합니다. 본인은 이 기증 동의서에 포함된 모든 정보를 읽고 고려했습니다. 본인은 본 동의서의 각 항에 이니셔셜을 기재하여 해당 경로에 대한 본인의 이해와 이 동의서에 따른 본인의 사망 기증 의사를 표시했습니다.

I, (Name), 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.

Name: ____________________________________________ Date: __________________

Print Name

Address: ____________________________________________ City: __________________
State: __________________ Zip: __________________

Phone/E-mail: __________________________

TWO WITNESSES OR NOTARIZATION REQUIRED

본 문서는 두 명의 증인(적어도 한 명은 “이해관계가 없는 증인”)이 서명해야 하며, 또는 본인의 직접 본 기증 동의서에 서명하는 경우 증인을 대신해 공증인의 공증을 받을 수 있습니다.

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. 증인
WITNESSES

"이해관계가 없는 증인"이란 배우자, 자녀, 부모, 형제자매, 손자, 손녀, 조부모, 또는 기증자의 보호자나 해당인에게 특별한 관심과
 دق임을 보이는 다른 성인 이외의 증인을 의미합니다.

아래 서명하는 우리는 기증자가 본 문서에 서명하는 것을 목격하였습니다.

"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.

<table>
<thead>
<tr>
<th>증인 서명 Signature of Witness</th>
<th>이해관계가 없는 증인 서명 Signature of Disinterested Witness</th>
</tr>
</thead>
<tbody>
<tr>
<td>이름(영문자) Print Name</td>
<td>이름(영문자) Print Name</td>
</tr>
<tr>
<td>주소 Address</td>
<td>주소 Address</td>
</tr>
<tr>
<td>도시/주/우편번호 City/State/Zip</td>
<td>도시/주/우편번호 City/State/Zip</td>
</tr>
</tbody>
</table>

2. 공증
NOTARIZATION

공증인 확인 증명서
CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

캘리포니아 주 State of California
카운티 County __________________________________________
본인 __________________________________________ 면전에
(당당자 이름 및 직함 기재)
지점 출석한 __________________________________________
(당당자 이름 및 직함 기재)은 만족스럽게 증거를
토대로 법문서에 이명이 서명된 당사자임을 본인에게 입증하였으며 자신에게 인가된 역량에 따라 동일 문서를 서명하였으며 법문서 상의 자신의
서명을 통해 개인 또는 해당인이 대행하는 단체가 법률 문서를 작성한 것임을 시인하였습니다.
본인은 캘리포니아 주법에 따라 위증명서 증명할 수 있다는 점에 대해 상술한 단락이 사실이며 철저히 되풀임을 증명합니다.
증인 자필 서명 및 공식 직인.

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.

서명 Signature __________________________________________
(공증인 서명) (Signature of Notary Officer)
(찍임) (Seal)
7. I, 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, 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.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Relationship to Decedent</th>
<th>Date</th>
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<tbody>
<tr>
<td>Signature</td>
<td>________________________</td>
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Name (Print)

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<th>Address</th>
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Phone/E-mail

Last revision: 12192018
TWO WITNESSES REQUIRED

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

1. 증인
   WITNESSES

   “이해관계가 없는 증인”이란 배우자, 자녀, 부모, 형제자매, 손자, 손녀, 조부모, 또는 기증자의 보호자나 해당인에게 특별한 관심과 객관을 보이는 다른 성인 이외의 증인을 의미합니다.

     아래 서명하는 우리는 기증자가 본 문서에 서명하는 것을 목격하였습니다.

     “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.

   중인 서명  Signature of Witness
   이름(정자체)  Print Name
   주소  Address
   도시/주/우편번호  City/State/Zip

   이해관계가 없는 증인 서명  Signature of Disinterested Witness
   이름(정자체)  Print Name
   주소  Address
   도시/주/우편번호  City/State/Zip

8. 사망사유에 따라 통계에 대한 청구를 갖받침하는 전출서(보건안전법 제 7100 절에 따른). 사망자 사신의 처리에 대한 통제권을 보유한 경우 이 항을 작성하십시오.

   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 DECEDED’S BODY.

   사망자 이름  Name of Decedent
   청구인 이름  Name of Claimant
   청구인 주소  Address of Claimant
   전화번호  Phone Number
   사망자와의 관계  Relationship to Decedent

최종 버전  Last revision: 12192018
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 ________________

보건안전법 HEALTH AND SAFETY CODE

제7100조 SECTION 7100

7100. (a) 제7100.1절에 따라 사망자가 담리 지시하지 않는 한, 사망자의 유해 처리, 장장 장소 및 조건, 제공할 장례 상품 및 서비스 주선을 통제할 수 있는 권리 및 유해 처리 의무와 유해 처리에 따른 합리적인 비용에 대한 책임은 다음의 순서에 따른 지배인에게 귀속된다.

(1) 유의장임법 제4.7조 제4600절로 이의가 없이 처리에 대한 권리 및 의무를 가지고 있는 의료관리에 대한 의료인에 따른 대리인. 단 대리인은 다음 중 하나와 같은 경우에만 처리 비용에 대한 지불 의무가 있다.

A. 대리인이 처리 비용 지불에 대해 구체적으로 합의한 경우.

B. 구체적인 함의 부재시, 대리인이 비용이 발생하는 처리에 대한 결정을 내리는 경우, 이 경우 대리인은 대리인의 결정에 따라 발생하는 합리적인 비용에 대해서만 사망자의 자산 또는 기타 적절한 자금이 부족한 범위 내에서 지불 의무가 있다.

(2) 의사결정 능력이 있는 생명 범주

(3) 생명에 있고 의사결정 능력이 있는 유일한 사망자의 성인 자녀, 또는 의사결정 능력이 있는 사망자의 성인 자녀가 두 명 이상인 경우 생존해 있고 의사결정 능력이 있는 성인 자녀의 과반수. 그러나, 생존해 있고 의사결정 능력이 있는 다른 성인 자녀 모두에게 지시를 통보하기 위해 합당한 노력을 기울였고 생존해 있고 의사결정 능력이 있는 모든 성인 자녀의 과반수가 해당 지시에 대해 이의가 있음을 알지 못하는 경우, 생존해 있고 의사결정 능력이 있는 모든 성인 자녀의 과반수 미만에게 본 절의 권리 및 의무가 귀속된다.

(4) 생명해 있고 의사결정 능력이 있는 사망자의 부모, 생존해 있고 의사결정 능력이 있는 부모 중 한 명이 부재하는 경우, 부재하는 의사결정 능력이 있는 생존 부모를 찾기 위해 합당한 노력을 기울이고 해당 노력을 실패한 후에 의사결정 능력이 있는 나머지 부모에게 본 절의 권리 및 의무가 귀속된다.

(5) 생명해 있고 의사결정 능력이 있는 유일한 사망자의 성인 형제자매, 또는 생존해 있고 의사결정 능력이 있는 사망자의 성인 형제자매가 두 명 이상인 경우 생존해 있고 의사결정 능력이 있는 성인 형제자매의 과반수. 그러나, 생존해 있고 의사결정 능력이 있는 다른 성인 형제자매 모두에게 지시를 통보하기 위해 합당한 노력을 기울였고 생존해 있고 의사결정 능력이 있는 모든 성인 형제자매의 과반수가 해당 지시에 대해 이의가 있음을 알지 못하는 경우, 생존해 있고 의사결정 능력이 있는 모든 성인 형제자매의 과반수 미만에게 본 절의 권리 및 의무가 귀속된다.

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(6) 생존에 있고 의사결정 능력이 있는 다음 단계 침속 관계의 성이나 성물 각가, 또는 성존해 있고 의사결정 능력이 있는 동일한 침속 관계의 성인이 두 명 이상인 경우, 해당인등의 과반수, 해당인이 생존해 있고 의사결정 능력이 있는 동일한 침속 관계의 성인 모두에게 지시를 통보하기 위해 당한 논문을 기술하고 생존해 있고 의사결정 능력이 있는 동일한 침속 관계 성인과 과반수가 해당 지시에 대해 이의가 있을음을 알지 못하는 경우, 생존해 있고 의사결정 능력이 있는 동일한 침속 관계의 모든 성인의 과반수 미만에게본 절의 권리 및 의무가 귀속된다.

(7) 사망자의 자산이 충분한 경우 유산 관리인.

(a) (1) (a)호에 따라 통제인이 귀속된 사망자가 사망자와 사망자와 관련하여 1급 또는 2급 싸인, 또는 고의적 싸인으로 기소되었고 해당 기소가 경제조사나 묘지장국에 알려진 경우, 해당 통제인은 포기하고 (a)호에 따라 다음 수질에게 양도한다.

(b) 해당인에 대한 공소가 철회되거나 해당인의 혐의를 벗がら면, 통제인은 해당인에게 반환된다.

(3) 본 호의 규정에도 불구하고, 사망자의 사망과 관련하여 1급 또는 2급 싸인, 또는 고의적 싸인으로 기소된 사람에게 (2)항에 따라 통제인이 철회되지 않은 경우 해당인은 장례지도사나 묘지당국이 그 혐의에 대해 알고 있는 한 해당인이 존재하지 않는 것처럼 체외되는 (a)호에 의거하여 처리를 통제할 권리가 없다.

(4) 통제인의 주관 또는 배당될 때 장례지도사 또는 묘지당국은 해당의 처리를 통제하고 본 장에 따라 처리에 대한 통상적인 비용의 화수를 처리하기 위한 완전한 권한을 가진다.

(1) 다음 중 하나가 적용되는 경우:

(A) 장례지도사는 묘지당국이 (a)호를 포함해 (1)~(5)항에 기술된 것과 같은 사망이 존재하지 않다는 사실을 알고 있는 경우.

(B) 묘지당국이 (1)~(4)항에 기술된 것과 같은 사망을 합리적인 조사 후 찾을 수 없거나 합리적인 방법으로 연락을 취할 수 없는 경우.

(2) 통제인이 효력 사망시에 대한 서면 통지를 받은 후 7일 내에 의해 처리에 대한 책임을 지지 못하는 경우, 사명 통지는 직접, US 우편, 팩스 전송, 또는 전신으로 전달될 수 있다.

(3) 통제인의 합리적인 비용에 대한 책임은 사망자의 자산에 따라 동일한 침속 관계에 있는 사망자의 모든 상속인에게 공평으로 그 내용적으로 양등된다. 그러나, 한 개인이 제 7155.1조 (a)호에 의해 자산을 교차하여 수익을 수익하는 경우, 해당인이 면역 조건에 따라 사망자 사망의 화수 처리에 대한 합리적인 비용에 대한 책임을 전한다.

(4) 본 절은 사망자 또는 처리를 통제할 권력을 가진 사람의 명시된 지시가 충분하고 신속하게 수행될 수 있도록 시행되고 예외되어야 한다. (1) 장례지도사 또는 묘지당국은 사망자 또는 처리를 통제할 권력을 가진 사람의 지시를 수락하는 사람이 아닌 합리적 지시 지지 아니한다.

(5) 본 절의 목적은 "사망자"로 함은 18세 이상인 사망자, "사망자"는 사망자의 생존자나 임양 자녀중, "의사결정 능력이 있는" 개인은 법률에서 급속한 선고를 받지 않았거나 급속한 선고 후 법원에 의해 의사결정 능력이 있는 것으로 선고된 개인을 의미한다.

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 otherwise directed 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 47 (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.

(4) 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 customary 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.

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(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.
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: ___________________________