
252 Irvine Hall, Irvine, CA 92697-3950 ∴ Phone 949-824-6061 ∴ Fax 949-824-2114 ∴ willedbody@hs.uci.edu

Donor's Legal Name: _____

General Instructions	2
Vital Statistics	3
Health Information Worksheet	4
Donation Agreement	5-14
Order for Release	15

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

General Instructions

**UCI School 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

0-11th grade
Highest grade completed: _____
 12th grade, but no diploma
 High school graduate

GED completed
 Some college credit, but no degree
 Associate degree (e.g., AA, AS)
 Bachelor's degree (e.g., BA, AB, BS)

Master's degree (e.g., MA, MS, MEng, ME d, MSW, MBA)
 Doctorate (e.g., PhD, EdD)
 Professional degree (e.g., MD, DDS, DVM, LLB, JD)

SPANISH/HISPANIC No Yes: Mexican Yes: Mexican American Yes: Other Hispanic _____

RACE (Up to three selections allowed)

White
 Black
 African American
 Alaska Native
 Aleut
 Inuit
 Native American
 American Indian
 Native Hawaiian

Guamanian
 Samoan
 Other Pacific Islander
 Asian Indian
 Cambodian
 Chinese
 Filipino
 Hmong
 Japanese

Korean
 Laotian
 Vietnamese
 Thai
 Other
 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) _____
First Middle Last

FULL NAME OF FATHER/PARENT _____ BIRTHPLACE OF PARENT _____
First Middle Last

FULL NAME OF MOTHER/PARENT _____ BIRTHPLACE OF PARENT _____
Use birth name, if applicable First Middle Last

Health Information Worksheet

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?

Friend

Program Website

Facebook/Instagram/YouTube

Newspaper

UC Publication/Presentation

Doctor's Office/Hospital

Advanced Directive

Other _____

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

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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 _____
(Signature of Notary Officer)

(Seal)

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 I belong to a class of individuals described in Health and Safety Code Section 7100 (a)(3)-(6) listed below: (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 am aware that the Program does not accept donations from individuals identified in Health and Safety Code Section 7100 (a)(7)-(9), which specifically include:

- A conservator of the person appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets.
- A conservator of the estate appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets.
- The public administrator when the deceased has sufficient assets.

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 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) A conservator of the person appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets. *[UC does not accept such donations.]*

(8) A conservator of the estate appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets. *[UC does not accept such donations.]*

(9) The public administrator when the deceased has sufficient assets. *[UC does not accept such donations.]*

(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 (8), inclusive, of subdivision (a) exists.

(B) None of the persons described in paragraphs (1) to (8), 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.

(h) (1) For the purpose of paragraph (1) of subdivision (a), the designation of a person authorized to direct disposition (PADD) on a United States Department of Defense Record of Emergency Data, DD Form 93, as that form exists on December 31, 2011, or its successor form, shall take first priority and be used to establish an agent who has the right and duty of disposition for a decedent who died while on duty in any branch or component of the Armed Forces of the United States, as defined by Section 1481 of Title 10 of the United States Code.

(2) This subdivision shall become operative only if the United States Department of Defense Record of Emergency Data, DD Form 93, and Section 1482(c) of Title 10 of the United States Code are amended to allow a service member to designate any person, regardless of the relationship of the designee to the decedent, as the agent who has the right of disposition of a service member's remains.

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

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 (Self) 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: _____