

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.

人口动态统计工作表 VITAL STATISTICS WORKSHEET

日期 DATE _____

请工整书写 - 此信息用于填写死亡证明 PLEASE PRINT LEGIBLY - THIS INFORMATION IS USED TO COMPLETE THE DEATH CERTIFICATE

捐赠人姓名 DONOR NAME _____ 男性 MALE _____ 女性 FEMALE _____
名字 FIRST 中间名 MIDDLE 姓氏 LAST

曾用名 AKA _____ 电话 PHONE (_____) _____

常用地址 USUAL ADDRESS _____

街道 STREET 城市 CITY 州/邮政编码 STATE/ZIP CODE
居住所在县 COUNTY OF RESIDENCE _____ 在该县居住的年数 No. OF YEARS IN THIS COUNTY _____

人种/种族 RACE/ETHNICITY _____ 西班牙/西班牙裔: SPANISH/HISPANIC: 是 Yes _____ 否 No _____ 请具体说明 Specify _____

请填写随附的教育和种族识别工作表 PLEASE COMPLETE THE ATTACHED EDUCATION AND RACE IDENTITY WORKSHEET

出生日期 DATE OF BIRTH _____ 出生所在州 STATE OF BIRTH _____ 或外国国家 OR FOREIGN COUNTRY _____

父亲全名 FULL NAME OF FATHER _____ 父亲出生地 BIRTHPLACE OF FATHER _____
名字 FIRST 中间名 MIDDLE 姓氏 LAST

母亲婚前全名 FULL MAIDEN NAME OF MOTHER _____ 母亲出生地 BIRTHPLACE OF MOTHER _____
名字 FIRST 中间名 MIDDLE 姓氏 LAST

社会安全号码 SOCIAL SECURITY # _____ - _____ - _____ 美国武装部队: US ARMED FORCES: 是 Yes _____ 否 No _____ 未知 Unknown _____

婚姻状态 (请圈选一项): MARITAL STATUS (circle one): 未婚、NEVER MARRIED, 已婚、WIDOWED, 丧偶、DIVORCED, 离异、注册同居伴侣 REG. DOMESTIC PARTNER

尚存配偶姓名 (若为妻子, 请输入婚前姓名) NAME OF SURVIVING SPOUSE (If wife, enter maiden name) _____
名字 FIRST 中间名 MIDDLE 姓氏 LAST

若您现已退休, 请填写退休前的职业信息: If you are now retired, please give employment information on your occupation before retirement:

经常性职业 USUAL OCCUPATION _____ 从业年数 YEARS IN OCCUPATION _____

行业或业务类别 KIND OF INDUSTRY OR BUSINESS _____

教育 (获得的最高学历 / 学位 - 请参见工作表) EDUCATION (highest level/degree completed- see worksheet) _____

医生姓名 NAME OF PHYSICIAN _____ 电话号码 PHONE NO. _____

身高 HEIGHT _____ 体重 WEIGHT _____ 目前健康状况 PRESENT STATE OF HEALTH _____

手术史: 膝、髋、肩、脊椎或其他关节? SURGICAL HISTORY: KNEE, HIP, SHOULDER, SPINE OR OTHER JOINT? _____

子宫切除或前列腺切除? HYSTERECTOMY or PROSTATECTOMY? _____

病史或治疗: DISEASE HISTORY or TREATMENT: 甲、乙、丙型肝炎, HEPATITIS A, B or C, HIV/艾滋病, HIV/AIDS, 结核病, TUBERCULOSIS, 其他 (耐甲氧西林金黄色葡萄球菌 [MRSA], 克雅氏病)? OTHERS (MRSA, CREUTZFELDT-JAKOB)? _____

包括疾病、手术、事故等其他健康信息: ADDITIONAL HEALTH INFORMATION INCLUDING ILLNESSES, OPERATIONS, ACCIDENTS: _____

您是怎样听说这项计划: HOW DID YOU HEAR OF THE PROGRAM:

- 朋友 Friend 计划网站 Program Website Facebook/Instagram/YouTube 报纸 Newspaper 加州大学刊物/报告 UC Publication/Presentation
- 医生办公室 / 医院 Doctor's Office/Hospital 事先指示 Advanced Directive 其他: Other: _____

宗教信仰 (非必填): 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: _____

加州大学捐赠协议

UNIVERSITY OF CALIFORNIA DONATION AGREEMENT

1. 关于加州大学解剖学捐赠计划的信息

INFORMATION ON THE UC ANATOMICAL DONATION PROGRAM

加州大学解剖学捐赠计划（也称为捐赠遗体、遗体捐赠、自愿遗体或解剖学材料捐赠计划，但在本文中称为“计划”）接受人类遗体捐赠，供各机构和个人用于教育和研究目的。该计划的目标是：

1. 为当前和未来的医生、其他医务工作者、解剖学家、法医学家和殓房技师提供教育协助。
2. 促进协助开发程序和/或产品、旨在生物医学和科学背景下改善人类状况的科学研究。

根据本计划当前与未来的政策和程序，本计划将专门确定捐赠的遗体和从该捐赠中衍生出的任何数据（包括影像）的使用方式。本计划可能以受限的方式支持其他人开发商业化产品；例如，在教科书中使用无法识别出身份的图片，或其他用途主要有益于教育和研究的情况。本捐赠协议第3节提供了关于捐赠给加州大学遗体的使用情况的其它信息。

当本协议已填写，且本计划确认了登记时，将向捐赠人提供一张捐赠卡，其中包含在死亡时与本计划联系的必要信息。

捐赠将保密。一旦捐赠人的遗体被接受进入本计划，确认将仅发送给捐赠人在本申请中指定的一人或多人。本协议中使用的“捐赠人”是指捐赠其遗体或某些部位用于解剖的个人。

由于科学研究和教育用途的性质和变化性，火葬遗骸或火葬过程的任何副产品将不予退还。签署本协议即表示，您作为捐赠人或捐赠人的法定代理人，确认遗骸不会被退回，并特别放弃加利福尼亚州健康与安全法第 7151.40(b) 条规定将火化遗骸归还给某些人的规定。本计划不会对此政策提供例外，并鼓励潜在捐赠人考虑此政策对其家庭或社区的影响。

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.

姓名首字母缩写 Initials

2. 未亡者说明 (责任方) INSTRUCTIONS FOR SURVIVORS (RESPONSIBLE PARTY)

1. 如果捐赠人死亡, 请立即向本计划通知死亡, 因为延误可能导致遗体无法用于本计划。请确保遗体没有进行防腐处理, 否则会无法准备遗体用于捐赠。
 2. 尽管将尽一切努力接受捐赠人的遗体, 但本计划可以在死亡时自行决定谢绝捐赠。虽然这种情况并不常见, 但如果认为遗体不适合捐赠, 请考虑处理遗体的其他安排。
 3. 加州大学接受整个加利福尼亚州的捐赠, 并且在特殊情况下, 也接受来自邻州的捐赠。在得到捐赠人死亡的通知后, 通常由地理上最接近的校园计划所在地接受捐赠人的遗体。但是, 大学可以选择:
 - a. 安排任何加州大学解剖学捐赠计划所在地接受遗体。
 - b. 谢绝接受捐赠遗体。
 4. 根据出生和死亡登记处的规定, 本计划将向发生死亡的县提交原始死亡证明。捐赠人的责任方必须获得必要的死亡证明副本。本计划将为当地登记处提供联系信息。
 5. 也可以接受第三方捐赠 (例如, 由预立医疗委托代理人或死者遗体处置控制人进行的捐赠)。进行第三方捐赠的个人必须在本协议中签署所需文件, 说明其符合规定的标准。
 6. 如果捐赠人死亡, 本计划将向其家人或朋友 (您在以下字段中指定的一人或多人) 发送一封确认函, 或者可以联系该人, 以核实死亡证明信息, 或出于其他原因这样做。您可以拒绝指定收信人, 也可以指定多人。如果您代表捐赠人签名, 您可以指定自己。
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.

姓名 Name _____ 关系 Relationship(s) _____

地址 Address _____

市/州/邮编 City/State/Zip code _____

电话号码/电子邮箱 Phone number/E-mail _____

或 OR

我选择不指定收信人 I elect not to name a recipient: _____

姓名首字母缩写 Initials

3. 捐赠遗体的使用 USE OF DONATED BODIES

捐赠人的整个遗体可以下列方式使用：

1. 本计划将通过一系列程序来判断捐赠遗体的医学适用性，其中可能包括审查病历、病史或社会史调查问卷和/或血清学测试。测试可能包括获得血液样本以筛查乙型肝炎、丙型肝炎、艾滋病病毒或其他可能使遗体在医学上不适合捐赠的传染病。测试结果不会透露给捐赠人指定的未亡者/责任方，但是如果法律强制规定，将向加利福尼亚州卫生服务部报告。
2. 捐赠的遗体可由本计划以化学方法保存，或以非防腐状态用作解剖学材料。
3. 捐赠的遗体可以在相当长的一段时间内被解剖、检查、研究和保存，包括有可能永久保留，并且可用于多个目的。遗体的某些部位，例如四肢或器官，可能会被移除，并与全身分离。体液和组织可能会被分析和损毁。
4. 捐赠的遗体或/或遗体的某些部位可以提供给加州大学校园的教育工作者、学生、研究人员或其他人，以及其他教育机构、研究人员、非营利实体和企业实体，例如研发手术器械或保健产品的那些人。捐赠时，捐赠人、未亡者和/或责任方不能指定遗体将被使用的用途，也不能指定将使用遗体的个人或实体。加州大学基于其科学和教育价值，根据具体情况审查和批准使用申请。
5. 当用途主要有益于教育和研究时（例如用于教科书或教育软件），本计划可能以受限的方式支持商业化产品的开发。
6. 在注册、捐赠或使用过程中获得的捐赠人数据，包括健康数据和影像，可用于教育和研究目的。数据将被去除身份识别，并安全地存储或共享。
7. 本计划有权从获得批准的研究人员或教育工作者（最终使用者）那里收取其所有的获取、保存、储存、运输、处理相关费用（固定费用和可变费用）。
8. 如果经过判断，本计划或任何经批准使用捐赠给本计划的解剖学材料的教育工作者或研究人员出于任何原因而无法使用遗体，则将以符合加州现行法律的方式对其进行火化或最终处置。随同遗体一同收到的个人物品，包括眼镜、假牙或心脏起搏器，可能被捐赠、翻新或回收利用。其他物品，例如衣物或床上用品，将被丢弃。

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.

姓名首字母缩写 Initials

4. 捐赠遗体的处置
DISPOSITION OF DONATED BODIES

以下内容适用于本计划对捐赠遗体的最终处置。签署本协议即表示，捐赠人或其责任方授权本计划及其代理人通过火化或在死亡时批准的其他合法方式处置捐赠人的遗体。

1. 因为在使用过程中，遗体的某些部位可能会被移除，所以这些部位可能会在不同的时间和不同的地点予以处置。遗体或遗体的任何部位在用完之后，这些材料可能会被火化，或者按照在处置时有效的州法律所允许的任何方式另行处置。
2. 在某些情况下，根据加利福尼亚州法律，遗体的一些部位、组织和体液可能会与来自其他捐赠人的材料一起处置。
3. 关于处置遗体或遗体任何部位的时间、地点或方式，或者遗体的最终处置情况，未亡者/责任方不会得到通知。由于这些遗体部位的组成情况，遗体某些部位的火化不会产生任何残留。
4. 捐赠人或代表捐赠人签字的合法责任人明确放弃加利福尼亚州健康与安全法第 7151.40(b) 条关于退还火化遗骸的规定。由于科学研究和教育用途的性质和变化性，火葬遗骸或火葬过程的任何副产品将不予退还。

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.

姓名首字母缩写 Initials

5. 关于如何撤销捐赠的信息
INFORMATION ON HOW TO REVOKE A DONATION

根据加利福尼亚州健康和安全法，捐赠可以撤销。撤销捐赠的程序对于捐赠自己遗体者（自我捐赠）和其他人（授权人）的捐赠是不同的。请阅读相关内容，并确认您理解如何通过附上姓名首字母缩写来撤销捐赠。

1. 自我捐赠

捐赠人在死亡前可随时撤销解剖学遗体捐赠。死亡后，未亡者/责任方不能撤销本捐赠，且未亡者/责任方不得更改任何捐赠条款或条件。签署本协议即表示，捐赠人有意在其死亡后让加州大学拥有控制其遗体使用和处置的专有权利。

2. 由另一获授权者进行捐赠

根据加利福尼亚州健康和安全法第 7150.40 条，除死者之外，拥有进行捐赠的合法权利的获授权者，只有在进行切开或开始侵入性操作以准备捐赠者之前通知本计划撤销捐赠，才可以撤销解剖学捐赠。

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.

姓名首字母缩写 Initials

如果您是为自己签字，请填写第 6 节。如果您是代表捐赠人签字，请前往第 7 节。请注意，只有捐赠人或预立医疗委托代理人可以在捐赠人死亡之前签字。

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. 当为您自己签字时，请填写本节。

PLEASE COMPLETE THIS SECTION WHEN SIGNING FOR YOURSELF.

本人 [] 特此依据本文件所述条款和条件在我死后将我的遗体捐赠给加州大学。我的年龄至少已满 18 岁。我采用这些描述性和陈述性的条款和条件作为我自己的条款和条件，并在我死后将其作为我对我的遗体的处置说明。我已阅读并考虑了本捐赠协议中包含的所有信息。我已经在本协议的每章节上签署了我的姓名首字母缩写，表明我理解这些信息，并且我希望依照本协议捐赠我的遗体。

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.

签名 Signature

日期 Date

正楷姓名 Print Name

地址 Address

市/州/邮编 City/State/Zip

电话/电子邮件 Phone/E-mail

要求有两名见证人或者公证

TWO WITNESSES OR NOTARIZATION REQUIRED

本协议必须由两名见证人签字，其中至少一名作为“无利害关系的见证人”，或者如果您为自己签署本捐赠协议，可以由公证员代替见证人进行公证。

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. 见证人

“无利害关系的见证人”是指除配偶、子女、父母、兄弟姐妹、（外）孙子女、（外）祖父母、或捐赠人的监护人、或对捐赠人表现出特别照顾和关注的其他成年人以外的见证人。

我们，下列签名人，见证捐赠人签署了本文件。

“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.

见证人签名 Signature of Witness

无利害关系的见证人签名 Signature of Disinterested Witness

正楷姓名 Print Name

正楷姓名 Print Name

地址 Address

地址 Address

市/州/邮编 City/State/Zip

市/州/邮编 City/State/Zip

2. 公证
NOTARIZATION

公证员出具的公证书

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

加利福尼亚州 State of California
县 County of _____

于 _____ 在我, _____
(插入公证员的姓名和职衔)

面前, 亲自现身 _____, 基于充分证据向我证明, 在本文
书内签名并确认, 他/她/他们在其获得授权的能力范围内签署本文书, 并且他/她/他们在本文书上签名即表示该人或代表该人行事的实体签署了本文书。

在加利福尼亚州法律规定的伪证处罚之下, 我证明前述段落是真实的和正确的。

凭我的手签和公章特此证明。

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.

签名 Signature _____ (盖章) (Seal)
(公证员签名) (Signature of Notary Officer)

7. 如果您是配偶、注册同居伴侣、预立医疗委托代理人或对死者的遗体处置拥有控制权之人，请填写本节。
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.

我已阅读并完全理解本文中规定的政策。作为本节关于 [redacted] (死者姓名) 规定的法律任方，我希望将他/她的遗体捐赠给加州大学。我接受本文中规定的所有条款和条件，并且我知道没有明确的相反信息表明死者不想捐赠他/她的遗体。

- 我是死亡捐赠人的配偶。
- 我是死亡捐赠人的注册同居伴侣。
- 我是捐赠人的预立医疗委托代理人并且根据遗嘱认证法第 4.7 条 (从第 4600 节开始)，我拥有处置的权利和义务，或者我在医疗照护事前指示中被指定拥有处置捐赠人遗体的控制权。必须随附预立医疗代理委托书或医疗照护事前指示的一份副本。
- 我是死亡捐赠人的声明申报人， 并已完成支持这项申报的随附宣誓书。

I have read and fully understood the policies set forth in this document. As the legally responsible party under this section for [redacted] (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.

签名 Signature	与死者关系 Relationship to Decedent	日期 Date
---------------------	---------------------------------------	----------------

正楷姓名 Print Name _____

地址 Address _____	市/州/邮编 City/State/Zip _____
------------------	-----------------------------

电话/电子邮件 Phone/E-mail _____

要求两名见证人
TWO WITNESSES REQUIRED

本协议必须由两名见证人签署，其中至少有一名作为“无利害关系的见证人”。
This agreement must be signed by two witnesses, with at least one as a “disinterested witness”.

1. 见证人
WITNESSES

“无利害关系的见证人”是指除配偶、子女、父母、兄弟姐妹、（外）孙子女、（外）祖父母、或捐赠人的监护人、或对捐赠人表现出特别照顾和关注的其他成年人以外的见证人。

我们，下列签名人，见证捐赠人签署了本文件。

“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.

见证人签名 Signature of Witness

无利害关系的见证人签名 Signature of Disinterested Witness

正楷姓名 Print Name

正楷姓名 Print Name

地址 Address

地址 Address

市/州/邮编 City/State/Zip

市/州/邮编 City/State/Zip

8. 声明对遗体残骸的处置拥有控制权的佐证宣誓书（根据健康和安法第 7100 条）。如果您是对死者遗体的处置拥有控制权之人，请填写本节。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.

死者姓名 Name of Decedent

声明人姓名 Name of Claimant

声明人地址 Address of Claimant

电话号码 Phone Number

与死者关系 Relationship to Decedent

我声明对死者遗体残骸的处置拥有控制权，原因如下：（请核选所有适用项）

- 死者在遗嘱或其他文件（随附该文件的副本）中指定我控制他或她的遗体处置。
- 我是死者的（圈选一项）子女、父母、（外）祖父母或最近的其他亲属。（如果您是死者的子女，您必须得到死者大多数子女的准许才能安排遗体处置。在下面签名即表示，您已经得到死大多数子女的准许，或者您已做出合理的努力，通知死者的所有其他子女，您对死者遗体处置的安排）。

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).

我不知道有任何人反对我对死者遗体处置的安排。

我不知道死者将其遗体处置的控制权交给任何其他人的任何书面或口头指示，或死者的任何殡仪服务合约。

我知道并收到了健康和安法第 7100 条的一份副本，并同意遵守其中的规定。

在加利福尼亚州法律规定的伪证处罚之下，我声明前述事项是真实的和正确的。

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.

签名 Signature

日期 Date

健康和安法 HEALTH AND SAFETY CODE

第 7100 条 SECTION 7100

7100. (a) 除非死者根据第 7100.1 条给出其他指示，否则，处置死者遗体、葬礼的地点和条件以及提供丧葬物品和服务安排的控制权属于，且处置遗体的责任以及合理处置费用的债务移交给，以下依序指定人员：

(1) 根据遗嘱认证法第 4.7 条（从第 4600 节开始）拥有处置权利和义务的预立医疗委托代理人，但仅在以下任何一种情况中负责承担处置费用的代理人除外：

(A) 当代理人签订一份具体协议以支付处置费用时。

(B) 若无具体协议，代理人就产生费用的处置做出决定，在这种情况下，代理人只负责承担代理人的决定所产生的合理费用，程度仅限于死者的遗产或其他适当资金不足的情况。

(2) 有资格的未亡配偶。

(3) 死者唯一有资格的未亡成年子女，或者如果死者有一名以上有资格的成年子女，则为大多数有资格的未亡成年子女。然而，如果未达到大多数的有资格的未亡成年子女已尽合理努力将其说明通知所有其他有资格的未亡成年子女，并且不知道大多数有资格的未亡成年子女对此说明提出任何反对意见，则本节的权利和义务将属于上述未达到大多数的有资格的未亡成年子女。

(4) 死者有资格的未亡父母一方或双方。如果有资格的未亡父母其中一人缺席，则在尽合理努力仍然未能成功找到缺席的有资格的未亡父母之后，本节的权利和义务应属于剩余的有资格的父母。

(5) 死者唯一有资格的未亡成年兄弟姐妹，或者如果死者有一个以上有资格的未亡成年兄弟姐妹，则为大多数有资格的未亡成年兄弟姐妹。然而，如果未达到大多数的有资格的未亡成年兄弟姐妹已尽合理努力将其说明通知所有其他有资格的未亡成年兄弟姐妹，并且不知道大多数有资格的未亡成年兄弟姐妹对此说明提出任何反对意见，则本节的权利和义务将属于上述未达到大多数的有资格的未亡成年兄弟姐妹。

(6) 分别处于下一层亲属关系中的一名或多名有资格的未亡成年人，或者如果同一层亲属关系中有一名以上有资格的未亡成年人，则为这些人的大多数。如果未达到大多数的同一层亲属关系中有资格的未亡成年人已尽合理努力将其说明通知所有其他同一层亲属关系中有资格的未亡成年人，并且不知道大多数同一层亲属关系中有资格的未亡成年人对此说明提出任何反对意见，则本节的权利和义务将属于上述未达到大多数的同一层亲属关系中有资格的未亡成年人。

- (7) 死者有足够资产时的公定遗产管理人。
- (b) (1) 如果根据 (a) 款被授予控制权的任何人被指控犯有与死者死亡有关的一级或二级谋杀罪或故意杀人罪，且丧葬承办人或者墓地管理处已知晓这些指控，则按照 (a) 款，控制权将被让渡并转给最近的亲属。
- (2) 如果对此人的指控被撤销，或此人被判无罪，则将控制权归还此人。
- (3) 尽管有本款规定，但是被指控犯有与死者死亡有关的一级或二级谋杀罪或故意杀人罪且并未按照第 (2) 段规定被归还控制权之人，按照应适用的 (a) 款规定，在丧葬承办人或墓地管理处知晓收费的范围内，将没有任何处置控制权，如同该人不存在一样。
- (c) 丧葬承办人或墓地管理处应有遗体处置的完全控制权，并根据本章进行处理，以在下列两项适用时收回处置的通常和惯例收费
- (1) 以下两项的其中一项适用：
- (A) 丧葬承办人或墓地管理处知晓不存在 (a) 款第 (1) 至 (6) 段 (含) 中所述的任何人。
- (B) 在合理查询之后无法找到，或者通过合理方式无法联系到 (a) 款第 (1) 至 (6) 段 (含) 中所述的任何人。
- (2) 公定遗产管理人在收到事实书面通知后七日内未能承担遗体处置责任。书面通知可以通过亲手交与、美国邮政、传真或电报送达。
- (d) 最终处置的合理费用债务在死者遗产上由死者的所有同一层亲属个别和连带负责。然而，如果某人根据第 7155.5 条 (a) 款规定接受了全身遗赠，则其人应根据遗赠条款负责承担死者最终处置的合理费用。
- (e) 本条的实施和最终解释应该是忠实且及时地执行死者或拥有处置控制权者的明确指示。
- (f) 对于执行死者或拥有处置控制权者的指示的任何一人或多人，丧葬承办人或墓地管理处不应承担任何责任。
- (g) 就本条而言，“成人”是指年满 18 岁的个人，“子女”是指死者的亲生或收养子女，“有资格的”是指未被法院宣布为无资格的个人，或被宣布无资格之后又被法院宣布为有资格的个人。

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: _____