INSTRUCTIONS

Part I  HOW TO COMPLETE THE FORMS

For each person, two copies of the Gift Document need to be signed and dated in the presence of two witnesses. They will then sign the document. The Personal Data Sheet should be completed. It provides the necessary information required by the State of Oregon for completing a Oregon State Death Certificate and information that will be of value for our studies.

ALL INFORMATION PROVIDED BY YOU REMAINS CONFIDENTIAL AND SECURE.

A. Return University Copy of Gift Document and Personal Data Sheet to:

Western University of Health Sciences
Body Donation Program
200 Mullins Drive
Lebanon, Oregon 97355

B. Retain Donor Copy of Gift Document for your records. Inform your family, close friends, attorney and physician of your wishes. Be sure they are familiar with Part II below. Give your family a copy and upon entering a hospital, request a copy of your Gift Document to be attached to your Medical Chart.

Part II  WHAT TO DO WHEN DEATH OCCURS

When death occurs, the Body Donation Program office at Western University of Health Sciences must be notified immediately. This office will arrange to have the decedent transported to Western University. When our representative arrives, they will contact the physician or County Coroner’s Office, if necessary. They will also file the Death Certificate with the County Health Department in which the death occurred.

To report a Death, please call:  (541) 259-0256

If it is after Program hours (8:30 AM to 4:30 PM Monday through Friday) or a weekend or holiday, please follow the Voice Mail instructions to obtain immediate assistance.

NOTICE: Western University of Health Sciences RESERVES THE RIGHT TO REFUSE ACCEPTANCE OF A REGISTERED DONOR’S REMAINS under certain conditions. Among these are: Diagnosis of Creutzfeldt-Jacobs Disease, Hepatitis, HIV, or Tuberculosis, Jaundice or amputation, autopsy or major organs harvested, extensive burns, trauma or surgery 4 weeks prior to death.

Weight: Men over 225 lbs.;  Women over 200 lbs.

Other particular conditions may also preclude acceptance of a registered donor’s remains.
DONOR

FULL NAME_______________________________________________________

DATE OF BIRTH_________________ STATE OF BIRTH_____________________

SS#_________________________ MILITARY SERVICE: YES OR NO__________

MARITAL STATUS_____________ YEARS OF EDUCATION_______________

RACE______________________ USUAL OR LAST EMPLOYER_____________

OCCUPATION (NOT retired)______________________________

KIND OF BUSINESS_____________________ YEARS IN OCCUPATION_______

RESIDENT ADDRESS________________________________________________

CITY & ZIP______________________ YEARS IN COUNTY________

FULL NAME OF SPOUSE (Maiden)____________________________________

FULL NAME OF YOUR FATHER________________________________________

FULL NAME OF YOUR MOTHER________________________________________

(Maiden)

I have completed the personal data above and verify it as accurate. I understand this information is to be used for preparation of a death certificate at some time in the future.

Sign________________________ Date__________________ UNIVERSITY COPY
I hereby state that it is my wish to donate my body to Western University of Health Sciences, immediately upon my death, for teaching purposes, scientific research, or such purposes as Western University of Health Sciences or its authorized representatives shall, in their sole discretion, deem advisable. My body, when delivered to the University, should be unembalmed, unautopsied, and intact. Western University will perform or have performed any needed embalming. I agree to inform Western University of any changes in my address.

Date__________________________________________

(Print name)

Signed__________________________________________

Address__________________________________________

(Street Address) (City, State, Zip Code)

My wishes are that the University have my body cremated and:

______Scattered @ sea ________Returned to Family

We, the undersigned witnesses, hereby affirm with our signatures that the above donor signed and dated this document in our presence.

Witness 1 (signature)__________________________________________

Address__________________________________________

(Street Address) (City, State, Zip code)

Witness 2 (signature)__________________________________________

Address__________________________________________

(Street Address) (City, State, Zip code)

In case of Death, call (541) 259-0256, for complete instructions. UNIVERSITY COPY
I hereby state that it is my wish to donate my body to Western University of Health Sciences, immediately upon my death, for teaching purposes, scientific research, or such purposes as Western University of Health Sciences or its authorized representatives shall, in their sole discretion, deem advisable. My body, when delivered to the University, should be unembalmed, unautopsied, and intact. Western University will perform or have performed any needed embalming. I agree to inform Western University of any changes in my address.

Date ____________________________

(Print name)

Signed ____________________________

Address __________________________________________________________

(Street Address) (City, State, Zip Code)

My wishes are that the University have my body cremated and:

_________ Scattered @ sea _________ Returned to Family

We, the undersigned witnesses, hereby affirm with our signatures that the above donor signed and dated this document in our presence.

Witness 1 (signature) ________________________________________________

Address __________________________________________________________

(Street Address) (City, State, Zip code)

Witness 2 (signature) ________________________________________________

Address __________________________________________________________

(Street Address) (City, State, Zip code)

In case of Death, call (541) 259-0256, for complete instructions. PERSONAL DONOR COPY