



Personal Data Sheet

Donor's full name _____ D.O.B. _____

State of Birth _____ SS# _____ Marital Status _____

Military Service? **Yes No** If yes, what branch? _____

Years of Education _____ College Degree? **Yes No** If yes, type of degree _____

Occupation (Not retired) _____

Usual or Last employer _____

Kind of Business _____ Years in Occupation _____

Donor's Address _____

Years in County _____

Full name of Spouse (Maiden) _____

Full name of Donor's Father _____ Birth State _____

Full name of Donor's Mother (Maiden) _____ Birth State _____

Check any of the following health conditions that the donor has experienced:

Tuberculosis Hepatitis HIV MRSA VRE CJD COVID-19

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