



Western  
University  
OF HEALTH SCIENCES

College of Osteopathic Medicine of the Pacific

COMP-Northwest

## INSTRUCTIONS

Steven Carmichael  
Director, Willcd Body Program, COMP Northwest

### 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.**



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## 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 \_\_\_\_\_ BIRTH STATE \_\_\_\_\_

FULL NAME OF YOUR MOTHER \_\_\_\_\_ BIRTH STATE \_\_\_\_\_

(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



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Director, Willied Body Program, COMP Northwest

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



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**PERSONAL DONOR COPY**