

## Instructions for Bequeathal certificate:

- Please fill out the “*Certificate for Bequeathal*” completely.  
*An incomplete certificate will not be accepted.*
- If a question does not apply to you, please answer with n/a.
- *Note:* Even if the donor signs for themselves
- The RELEASE AND CREMATION AUTHORIZATION section must be filled out and signed by the next of kin or legal representative.
- Two disinterested witness signatures are required as well.  
*(bottom of page)*

Once completed please mail the original to:

**Department of Anatomy & Cell Biology  
University of Kansas School of Medicine  
Mailstop #3038  
3901 Rainbow Blvd.  
Kansas City, KS. 66160**

Don't forget to make a copy for your records, next of kin or personal representative.

**If you should have any questions, please contact the  
Coordinator of the Willed Body Program  
(913) 588-2735  
Monday through Friday, 7:00 am–2:00 pm**

## CERTIFICATE FOR BEQUEATHING MY BODY TO THE UNIVERSITY OF KANSAS SCHOOL OF MEDICINE

I hereby bequeath and donate my body, immediately following my death, to the Department of Anatomy & Cell Biology of the University of Kansas School of Medicine (the "University"). I understand that my body is bequeathed for such teaching or research purposes as the director of the Willed Body Program may decide. My body may be transferred to another institution should the need be greater there. I have read the "Information on Bequeathing a Body" accompanying this certificate and understand it fully. I understand that my family or my estate must make the arrangements and assume all cost of transporting my remains to the Anatomy Morgue of the University of Kansas. Furthermore, I understand that University reserves the right to deny acceptance of my body.

NAME: (Please print) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

I grant permission to the University to cremate my remains and authorize the following final disposition:

\_\_\_\_\_ Burial in a common grave at Oak Hill Cemetery in Lawrence, Kansas.

\_\_\_\_\_ Return ashes to: (Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_

Complete Address: \_\_\_\_\_

**DONOR'S** Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

or

**AUTHORIZED** Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

I would like to receive information concerning eye donation to an Organ or Eye Bank. YES \_\_\_\_\_ NO \_\_\_\_\_

### **VITAL STATISTICS** *(Please Print)*

Name: \_\_\_\_\_ Soc. Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthplace: \_\_\_\_\_ Ancestry: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: M F

Father's Name: \_\_\_\_\_ Mother's Full (Maiden) Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Full (Maiden) Name: \_\_\_\_\_

Military Service (Branch & Date) \_\_\_\_\_ Education (Yrs. Completed): \_\_\_\_\_

Usual Occupation: \_\_\_\_\_ Kind of Business: \_\_\_\_\_

**Next of Kin, Informant, Power of Attorney** (Name) \_\_\_\_\_

Complete Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

### **RELEASE AND CREMATION AUTHORIZATION**

I, \_\_\_\_\_ husband, wife, son, daughter, other \_\_\_\_\_ release the body of \_\_\_\_\_ to the University for medical research and teaching. I am legally authorized with disposition of the remains and Authorize the University to cremate the remains.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete Address: \_\_\_\_\_

1. Witness: \_\_\_\_\_ Address \_\_\_\_\_

2. Witness: \_\_\_\_\_ Address \_\_\_\_\_

***THE UNIVERSITY OF KANSAS SCHOOL OF MEDICINE  
WILLED BODY PROGRAM***

**IMPORTANT PHONE NUMBERS;**

Department of Anatomy 913-588-7000  
Willed Body Program Coordinator 913-588-2735  
On Call Staff 913-689-5064

**WHEN DEATH OCCURS:**

1. A nurse, hospital, hospice personnel or funeral director should immediately contact the Willed Body Program because the time interval between death and delivery should not exceed 24 hours.

The caller should be able to confirm the following:

1. Organs or parts have not been removed from the body for transplant (except eyes).
2. An autopsy has not been performed.
3. Body has not begun to decompose.
4. Infectious or contagious disease is not present.
5. Death was not the result of severe trauma: drowning, burning, homicide, suicide, motor vehicle accident.
6. There are no open wounds, incisions or bed sores.
7. The deceased was not obese or emaciation (*no muscle mass*)
8. The deceased did not have Jaundice, body contracture or edema

**NOTE: If any of the above conditions exist, the body may not be accepted; other arrangements for disposition of the body must be made by the family.**

2. Contact the funeral home to arrange transport of the body to the Anatomy Morgue.  
**BODY MUST NOT BE EMBALMED.**
3. Have available some form of donor identification (copy of Bequeathal Certificate, the donor identification card, etc.) to give to the transporter.