

CERTIFICATE FOR BEQUEATHING MY BODY
TO KANSAS UNIVERSITY SCHOOL OF MEDICINE

After completing this form, please return the signed original to the Department of Anatomy & Cell Biology, Mail Stop #3038, University of Kansas School of Medicine, 3901 Rainbow Blvd., Kansas City, Kansas 66160. Make and retain a copy of the signed original for your personal records, and give a copy to your physician, lawyer or other appropriate person.

I hereby bequeath and donate my body, immediately following death, to the Department of Anatomy & Cell Biology of the University of Kansas School of Medicine. I understand 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" and understand it fully. I understand my family or my estate must make arrangements for and assume the cost of transporting my remains to the Anatomy Morgue of the University of Kansas. Furthermore, I understand that the University reserves the right to deny acceptance of my body if any unacceptable conditions listed on page two of this *Certificate* exist. I grant permission to Kansas University School of Medicine to cremate my remains after the studies have been completed.

NAME: (Please Print) _____

Street Address _____ City _____

State _____ Zip Code _____ Telephone (____) _____

By my signature below, I authorize the following instructions for final disposition of my remains:

_____ Disposal by the University of Kansas School of Medicine (burial at Oak Hill Cemetery in Lawrence, Kansas)

_____ Return ashes to: (Name) _____ (Relationship) _____

Complete Address: _____

DONOR'S 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. Sec _____ - _____ - _____ Birth Date ____/____/____

Birthplace _____ National Ancestry _____ Race _____

Military Service (Branch & Dates) _____ Education (Yrs completed) _____

Usual Occupation _____ Kind of Business (before retirement) _____

Father's Name _____ Mother's *Maiden* Name _____

Marital Status _____ Spouse's *Maiden* Name _____

Next of Kin, Informant, or Power of Attorney: Name _____

Complete Address _____

Telephone (____) _____ Relationship: _____

RELEASE BY NEXT OF KIN

I, _____ (father, mother, husband, wife, son, daughter, other _____)

do hereby release the body of _____ to the Kansas University School of Medicine, Department of Anatomy & Cell Biology for medical research and teaching.

Signature: _____ Date: _____

Complete Address: _____

Witness: _____ Address: _____

**** SEE PAGE 2 ****

IMPORTANT PHONE NUMBERS:

Willed Body Program Coordinator (Mon-Fri, 8am to 4pm) 913-588-2735

Program Representative (After hours, weekends, holidays) 913-588-5000 PAGER 1900

WHEN DEATH OCCURS:

1. A family member, caregiver, hospital or hospice personnel 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 that none of the following conditions exist:

1. Organs or parts have been removed from the body (except eyes)
2. An autopsy has been performed
3. Body has begun to decompose
4. Infectious or contagious disease is present
5. Death was the result of severe trauma, drowning, burning, homicide, suicide, motor vehicle accident.
6. Obesity, emaciation, jaundice, body contracture, edema.

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

2. Contact the funeral home/funeral transfer service 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 the Bequeathal Certificate, the donor identification card, etc.) to give to the transporter.
4. Remove all personal items (eye glasses, hearing aids, jewelry).