

General Information and Donor Registration Form

West Virginia Anatomical Board

Please complete these forms and return to the Human Gift Registry. This information is necessary in completing the death certificate and will be held in confidence according to HIPAA guidelines. Please answer all questions if known.

Name of donor _____
(PRINT OR TYPE) FULL LEGAL NAME (AS IT APPEARS ON SOCIAL SECURITY CARD) - FIRST, MIDDLE, LAST, AND MAIDEN NAME (IF APPLICABLE)

In the hope that I might help others, I hereby make this anatomical gift to take effect upon my death. I donate my body for anatomical study in the advancement of scientific medical education and research. This gift is made in accordance with the West Virginia Higher Education Policy Commission Anatomical Board, Title 133 Series 33.

DONOR INFORMATION

Date of birth _____ Place of birth _____ Age _____

Gender _____ Weight _____ Height _____ Social security number _____

State of residence _____ County _____ Within city limits _____ Yes _____ No

Marital status _____
(MARRIED, NEVER MARRIED, SINGLE, WIDOWED, DIVORCED)

Spouse's full name _____
(IF FEMALE, GIVE MAIDEN NAME)

Mother's name (first, middle, maiden) _____

Father's name (first, middle, last) _____

Race (American Indian, white, black, etc.) _____

Hispanic origin (yes or no) _____ If yes, specify country _____

Education completed - list highest completed (1-12) _____ College (1-4) _____ Other _____

Service in the U.S. armed forces _____ Yes _____ No If female, have you had a hysterectomy? ___ Full ___ Partial ___ None

Occupation (prior to retirement) _____

Kind of business or industry _____

List any known infectious diseases (HIV+, AIDS, hepatitis, tuberculosis, herpes, etc.) _____

Next of kin / Contact name _____

Contact person's street address _____

City, State, Zip code _____

Phone _____ Email _____

PREFERRED REGISTRY LOCATION (Check One)

____ West Virginia School of Osteopathic Medicine (WVSOM): 304-647-6208, 400 Lee Street North - Lewisburg, WV 24901

____ West Virginia University: 304-293-6322, 4052 Health Sciences Center North - Morgantown, WV 26506

____ Marshall University: 304-696-7382, 1542 Spring Valley Drive - Huntington, WV 25704

REQUEST TO SEND INVITATION FOR MEMORIAL SERVICE

____ Please send an invitation for the annual Memorial Service (multiple family/friends may attend per single invitation)

Name (list one only) _____

Street address _____

City, State, Zip code _____

Phone _____ Email _____



I have read the information about body donations provided on the Human Gift Registry webpage and/or the Human Gift Registry brochure and understand and accept the following:

- I am donating my body for education and research to the West Virginia Anatomical Board and one of the Human Gift Registries at the West Virginia School of Osteopathic Medicine, West Virginia University or Marshall University.
- My body may be used at the West Virginia School of Osteopathic Medicine, West Virginia University, Marshall University or at another location within the state of West Virginia. The study period for my body could take up to three years.
- My ashes will be interred at the mausoleum for the West Virginia School of Osteopathic Medicine, West Virginia University or Marshall University, unless I specifically designate a person that I wish to receive my ashes.
- In some cases selected body parts could possibly be used for special educational/research needs and will not be included in my cremation.
- The Anatomical Board and the Human Gift Registries reserve the right to decline any donation for the reasons listed but not limited to the information pages. If the body is declined, the Anatomical Board and registries will not accept financial responsibility for the disposition of the body.

 DONOR AND WITNESSES MUST SIGN IN THE PRESENCE OF EACH OTHER

Name of Donor _____

(Print or type) Full legal name (as it appears on social security card) - First, middle, last and maiden name (if applicable)

Donor signature _____ **Date** _____

Phone _____ Social security number _____

Street address _____

City, State, Zip code _____

County _____

WITNESS 1

WITNESS 2

Signature _____

Date _____

Street address _____

City, State, Zip Code _____

Phone number _____

Designation of ashes - I direct the following disposition of my ashes:

_____ 1. To be placed in an urn in the mausoleum of the receiving institution and designated for permanent interment.

_____ 2. To be returned to one individual identified below (with the priority going from No. 1 name to No. 3 name).

1 Name _____

Relationship to donor _____

Street address _____

City, state, zip code _____

Phone number _____ Email _____

2 Name _____

Relationship to donor _____

Street address _____

City, state, zip code _____

Phone number _____ Email _____

3 NAME _____

Relationship to donor _____

Street address _____

City, state, zip code _____

Phone number _____ Email _____



Only individuals named by the donor will be allowed to receive ashes. If the registry is unable to make contact with any of the listed individuals, the ashes will be placed in the mausoleum. Distribution by the registry to individuals other than those named by the donor will require a court order.

Donor Signature _____ **Date** _____

The Human Gift Registry is **under no obligation to accept an anatomical gift and reserves the right to decline any donation.** We suggest having a backup plan in place.