

THE UNIVERSITY OF TEXAS
SOUTHWESTERN MEDICAL CENTER
AT DALLAS

WILLED BODY PROGRAM

5323 HARRY HINES BLVD. / DALLAS, TEXAS 75235-9143 / (214)648-2221 FAX (214) 648-4506

PLEASE PRINT OR TYPE

(Mrs.)

(Mr.)

I, (Ms)

(PLEASE CIRCLE ONE)

(NAME) FIRST

MIDDLE

LAST

SOCIAL SECURITY NUMBER

being of sound mind and disposition, and desiring to be of service to my fellow man, do hereby donate and bequeath my body upon my demise to be used, in whatever manner appropriate, for the training of medical personnel and the advancement of medical science through education and research.

I further direct that my next of kin or Executor immediately telephone the Willed Body Program at The University of Texas Southwestern Medical School, Dallas, Texas (214) 648-2221, to arrange for removal of my unembalmed remains.

It is understood that the Willed Body Program at Southwestern Medical School will transport and prepare the remains, if accepted, for medical education and research. It is also understood that if death occurs more than 75 mile radius from Southwestern Medical School, the transportation beyond this distance must be paid by the next of kin or the executor of estate. The cost will be \$1.00 per mile. I hereby instruct my representative to make necessary transportation arrangements or authorize that my body be delivered to a closer institution approved by the Anatomical Board.

I understand that Southwestern Medical School reserves the right to decline a body that has been embalmed. In addition, I understand that I cannot be guaranteed that my body will be acceptable at the time of death. If I am morbidly obese or emaciated, jaundiced, or have a contagious disease (e.g., HIV, Hepatitis, TB, etc.), if my body is damaged by severe trauma (e.g., by violent death), if organs or parts are removed (e.g., for transplantation), if an autopsy is performed, or if I commit suicide, my body will not be acceptable for the Willed Body Program. If the Willed Body Program is unable to use my body for these or other reasons, my survivors will need to make other arrangements for the final disposition of my body, and the Willed Body Program is not responsible for any costs associated with other arrangements.

I hereby relinquish all rights and claims regarding hereon described body, by any person whatsoever, and direct that in accepting and using this body for scientific purposes, and disposing of the body, neither the Anatomical Board of the State nor the receiving institution shall incur any liability, and no claim shall arise against that institution in any manner.

Complaints or inquiries regarding a willed or donated body should be directed to the Executive Secretary of the Anatomical Board of the State of Texas. The name and address of this individual may be obtained from the institution to which the body was, or will be, delivered and is listed in the Austin, Texas telephone directory.

Date: _____

Signed _____

Address _____

City _____ State _____ Zip Code _____ County _____

(_____)
TELEPHONE - HOME

(_____)
TELEPHONE - WORK

WITNESSED BY:

Signature (NEXT OF KIN, IF POSSIBLE)

Address

City, State, Zip Code

(_____)
TELEPHONE

WITNESSED BY:

Signature (NEXT OF KIN IF POSSIBLE)

Address

City, State, Zip Code

(_____)
TELEPHONE

PLEASE COMPLETE - MAIL ORIGINAL BACK TO OUR OFFICE AND RETAIN CARBON COPY FOR YOUR RECORDS

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PERSONAL DATA

Social Security #: _____ Date: _____

Full Name: _____
FIRST MIDDLE LAST MAIDEN

Address: _____

City _____ State _____ Zip Code _____ Telephone (____) _____

Date of Birth _____ Place of Birth _____
MONTH DAY YEAR CITY COUNTY STATE

Male Female Black Caucasian Hispanic Origin If other, specify _____

Level of Education: Grades (0-12) _____ College: _____
SPECIFY SPECIFY

Usual Occupation: _____ Type of Business: _____
(Please list work done during most of working life. DO NOT USE RETIRED.)

Marital Status: Married Never Married Widowed Divorced

Spouse: _____
FIRST MIDDLE LAST (INCLUDE MAIDEN NAME IF APPLICABLE)

Please list parent's names even if deceased.

Father's Name: _____
FIRST MIDDLE LAST

Mother's Name: _____
FIRST MIDDLE MAIDEN

For Notification:

Immediate Next of Kin: _____ Relationship: _____
FIRST MIDDLE LAST

City _____ State _____ Zip Code _____ Telephone (____) _____

ARE CREMATED REMAINS TO BE RETURNED: YES NO

If yes, please note that cremated remains will usually be returned in approximately six to twelve months. Next of kin will be contacted by phone and by letter prior to delivery. If the remains are to be returned, there is a \$200 fee that needs to be paid prior to the delivery of ashes. In some cases, it may not be possible to comply if the request is made at a later date or if cremated remains are not available due to medical research.

Veterans — Please complete the following

U.S. Veteran: Yes No Branch of Service: _____ Military Rank: _____ Military Unit: _____

Military Serial Number: _____ Entry Date: _____ Discharge Date: _____ Type of Discharge: _____

PLEASE KEEP THIS INFORMATION CURRENT WITH OUR OFFICE
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