

UT SOUTHWESTERN MEDICAL CENTER

WILLED BODY PROGRAM

5323 HARRY HINES BLVD. / DALLAS, TEXAS 75390-9143 / 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 UT Southwestern Medical School, Dallas, Texas, 214-648-2221, to arrange for removal of my unembalmed remains.

I authorize the Anatomical Board of the State of Texas to transport the willed/donated body herein describe out of the State of Texas in the event that the holding institution and the Executive Secretary of the Board have determined that an excess of bodies for scientific uses currently exists in the State of Texas.

It is understood that the Willed Body Program at UT Southwestern Medical School will transport and prepare the remains, if accepted, for medical education and research.

I understand that UT 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, emaciated, or have a contagious disease (e.g. HIV, Hepatitis, TB, etc.), if an independent autopsy is performed, 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.

Initials

Complaints or inquiries regarding a willed or donated body should be directed to the Secretary-Treasurer 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 delivered.

Date: Signed:

Address:

City: State: Zip Code: County:

TELEPHONE - HOME TELEPHONE - WORK

WITNESSED BY:

WITNESSED BY:

Signature (NEXT OF KIN, IF POSSIBLE)

Signature (NEXT OF KIN, IF POSSIBLE)

Address

Address

City, State, Zip Code

City, State, Zip Code

TELEPHONE

TELEPHONE

With few exceptions, you are entitled on your request to be informed about the information UT Southwestern collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UT Southwestern correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that UT Southwestern collects will be retained and maintained as required by Texas records retention laws (Section 441.180, et. seq. of the Texas Government Code) and rules.

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

REVISED: 08/10