

# General Information and Donor Registration Form

## West Virginia Anatomical Board

**Please complete these forms and return to the Human Gift Registry (HGR). 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 \_\_\_\_\_ City/State of Birth \_\_\_\_\_ Age \_\_\_\_\_

Gender \_\_\_\_\_ Weight \_\_\_\_\_ 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 \_\_\_\_\_ Yes \_\_\_\_\_ No

Occupation (prior to retirement) \_\_\_\_\_

Kind of Business or Industry \_\_\_\_\_

List any known infectious diseases (HIV+, AIDS, Hepatitis, TB, Herpes, etc.) \_\_\_\_\_

Next of Kin / Contact Name \_\_\_\_\_

Contact Person's Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### PREFERRED REGISTRY LOCATION (Check One)

\_\_\_\_\_ WV School of Osteopathic Medicine (WVSOM) 304-647-6208, 400 Lee Street North - Lewisburg, WV 24901

\_\_\_\_\_ West Virginia University 304-293-6322, 4052 Health Sciences North - Morgantown, WV 26506

\_\_\_\_\_ Marshall University 304-696-7382, 1542 Spring Valley Dr. - 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 (one only) \_\_\_\_\_

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

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_



**I have read the information about body donations provided on the HGR Web Page and/or the HGR Brochure and understand and accept the following:**

- I am donating my body for education and research to the WV 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 WV School of Osteopathic Medicine, WVU, Marshall 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 WV School of Osteopathic Medicine, WVU or Marshall, unless I specifically designate a person that I wish to receive my ashes.
- In some cases selected body part(s) 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 HGRs will not accept financial responsibility for the disposition of the body.



**DONOR AND THE 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 \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

Donor Registration Form: 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 #1 Name to #3 Name)

**1** NAME \_\_\_\_\_

RELATIONSHIP TO DONOR \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

**2** NAME \_\_\_\_\_

RELATIONSHIP TO DONOR \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

**3** NAME \_\_\_\_\_

RELATIONSHIP TO DONOR \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_



Only individuals named by the donor will be allowed to receive ashes. If the HGR is unable to make contact with any of the listed individuals, the ashes will be placed in the mausoleum. Distribution by the HGR 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.