



**BODY DONATION INFORMATION
FORENSIC ANTHROPOLOGY CENTER
TEXAS STATE UNIVERSITY - SAN MARCOS**

Thank you for your interest in the Willied Body Donation Program at the Forensic Anthropology Center at Texas State University - San Marcos. Enclosed you will find all the forms necessary for donation. Body donation is an extremely generous gift after death. We would like for you to be familiar with our policies prior to completion of paperwork.

1. Unlike medical schools, we **do not** return remains to the family. The skeletal remains are held in permanent curation and are a very important component to our research and teaching program.
2. If you are an organ and/or tissue donor, you can still donate your body to our program.
3. We reserve the right to decline donations of individuals who have any form of infectious disease such as HIV, AIDS, tuberculosis, hepatitis of any kind, or antibiotic resistant infections such as MRSA, even if contracted after donation is arranged.
4. We will arrange transportation to our facility if the deceased is located within a 100 mile radius of Texas State University - San Marcos, located at 601 University Drive, San Marcos, TX 78666. Outside the 100 mile radius, the donor or the donor's family must make arrangements for the transportation of the body.
5. We are unable to transport from a private residence. The donor's family must arrange for transportation and assume responsibility for the cost. We will transport a body from a hospital, funeral home, forensic center, or some healthcare facilities that are within the geographic limits stated above.
6. Donation paperwork for living donors needs to be returned to the Forensic Anthropology Center at Texas State University - San Marcos at the time of completion in order for a file to be established. Changes of address or medical status should be made by the donor to the Forensic Anthropology Center to keep donor files up to date.
7. The donation paperwork needs 2 witnesses (must be over the age of 18) to sign and verify your signature, but does not need to be notarized.

If you have any questions or concerns that have not been addressed in this letter, please feel free to contact the Center's assistant, Mary Gibson at 512-245-8272 or mg56@txstate.edu.

BODY DONATION CHECKLIST

Please use this form to make sure all paperwork is completed

Thank you for choosing to donate your body to the Forensic Anthropology Center at Texas State University - San Marcos (FACTS). Enclosed you will find several forms necessary for body donation. Please complete these forms, sign them, make a copy for your records, and mail or fax them to the following address:

Forensic Anthropology Center
at Texas State University-San Marcos
c/o Mary Gibson
College of Liberal Arts
601 University Dr. - 232 ELA
San Marcos, TX 78666

— **FACTS Body Donation Document**

This is a legally binding document allowing you to donate your body to the Forensic Anthropology Center at Texas State University-San Marcos.

— **Donor Card**

Please keep this card in your wallet or purse. It is advisable to let family and friends know of your wishes for donation. This card states your wishes for body donation to the Forensic Anthropology Center at Texas State University-San Marcos.

— **Biological Questionnaire (3 pages)**

This document provides valuable information that will be used to develop better identification methods involving the estimation of age, sex, and forensic race of skeletal remains found at crime scenes.

— **Willed Body Program Donor Form**

This form is required by the Texas State Anatomical Board

— **Photographs**

Photographs will be used to help develop better methods of facial reconstruction for unidentified individuals. Please include the following:

- a. Two (2) close-up facial photographs;
- b. One (1) full frontal photograph (such as passport or driver's license photo); and
- c. One profile (side view) photograph.

We would like for you to smile in these pictures and also include various photos (original, digital, reprints, or copies) from your childhood, if possible. These photographs will be used to develop better methods of age progression used by forensic artists to help locate missing and exploited children.

FACTS BODY DONATION DOCUMENT

I, _____ (name), do hereby dispose of and give my body, after my death, to Texas State University-San Marcos, for use by the Forensic Anthropology Center, or its designee, for educational purposes. I request, authorize, and instruct my surviving spouse, next-of-kin, executor or the physician who certifies my death to notify Texas State University-San Marcos, Forensic Anthropology Center (512-245-8272) of the availability of my body immediately after my death.

Witness my hand and seal this _____ (day) of _____ (month), 20____ (year) at

City/State

Donor's Signature

Printed Name

Donor's Address, City, State, Zip Code

Donor's phone number

On this _____ (day) of _____ (month), 20____ (year),

(Donor's Name)

Signed this Body Donation Document in our presence and we, as attesting witnesses, and in his/her presence and in the presence of each other have also signed this document.

Signature of Witness:

Printed Name:

Address:

Signature of Witness:

Printed Name:

Address:

This form does not need to be notarized

DONOR CARD

Instructions:

1. Complete this card.
2. Please keep this card in your wallet or purse.

It is advised to let family and friends know of your wishes for donation. In the event of death without family and friends present, this card states your wishes of donation to the Forensic Anthropology Center at Texas State University - San Marcos.

<p>DONOR CARD</p> <p>Name: _____ (please print)</p> <p>In the hope that I may help others, I hereby make this gift for the purpose of research and education to take effect upon my death. I give my body to:</p> <p>Forensic Anthropology Research Facility Texas State University - San Marcos (512)245-8272</p> <p>Upon my death, I give my body ___yes ___no</p>	<p>This is a legal document under the Uniform Anatomical Gift Act or similar laws, signed by the donor and the following two (2) witnesses in the presence of each other:</p> <p>Donor signature: _____ Date signed: _____ DOB: _____ City: _____ State: _____</p> <p>Witness #1 signature: _____ Printed name: _____</p> <p>Witness #2 signature: _____ Printed name: _____</p>
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Body Donation Questionnaire (1 of 3)

Please complete the following information by filling in the blank and/or circling an option.
If you need more space, additional sheets may be attached.
All of the information will be considered confidential.

Full Legal Name _____ / _____ / _____ **Sex:** ___ male ___ female
LAST FIRST MIDDLE (IN FULL)

Race: White/ Black / Hispanic / Other _____ **Date of Birth** ___/___/___
(circle one)

Place of Birth (city/state/county) _____

Home Address _____

City _____ **State** _____ **Zip** _____ **Inside San Marcos City Limits:** ___yes ___no

Mother's Name (include maiden) _____

Father's Name _____

Height _____ **Weight** _____ (Are you estimating height ___yes ___no) (Are you estimating weight: ___yes ___no)

Handedness: Right ___ Left ___ **Shoe size** _____ **Blood Type** _____ **Hair Color** _____
(natural color)

Marital Status: (circle one) Never Married Married Widowed Divorce Other _____
(Please explain)

Spouse: _____ / _____ / _____
Last (include maiden) First Middle

___ Living ___ Deceased ___ Unknown

Number of Children: _____ **Number of full term pregnancies:** _____

Highest Education Level (number of years) _____ **Military Service:** yes ___ no ___
Elem/Second (0-12): _____ College (1-4; 5+): _____

Childhood Socio-Economic Status (circle one): Lower Lower-Middle Middle Upper-Middle Upper

Usual (life-long) Occupation _____ **Business/Industry** _____

Geographic History (use back or additional sheet of paper if necessary)

Where did you spend the first 10 years of your life?

City _____ State _____ Start Date _____ End Date _____
City _____ State _____ Start Date _____ End Date _____
City _____ State _____ Start Date _____ End Date _____

Where did you spend the last 20 years of your life?

City _____ State _____ Start Date _____ End Date _____
City _____ State _____ Start Date _____ End Date _____
City _____ State _____ Start Date _____ End Date _____
City _____ State _____ Start Date _____ End Date _____

Body Donation Questionnaire cont. (2 of 3)

Dental History – Check all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Extensive Dental Work: ___yes ___no | <input type="checkbox"/> Lower Dentures: When _____ | Teeth Missing
<input type="checkbox"/> Few
<input type="checkbox"/> Many
<input type="checkbox"/> All |
| <input type="checkbox"/> Braces: ___yes ___no | <input type="checkbox"/> Upper Dentures: When _____ | |
| <input type="checkbox"/> Most/all teeth: ___yes ___no | <input type="checkbox"/> Partial Plate: When _____ | |
| <input type="checkbox"/> Bridge: ___yes ___no | <input type="checkbox"/> Dental Disease: When _____ | |
| <input type="checkbox"/> Gum Disease: ___yes ___no | <input type="checkbox"/> Other _____ | |
| | | |

Medical History (please indicate the approximate year for each)

- | | |
|---|---|
| <input type="checkbox"/> Surgery (general) _____ | <input type="checkbox"/> Plastic Surgery (indicate type and location) _____ |
| <input type="checkbox"/> Fractures _____ | |
| <input type="checkbox"/> Auto Accidents (traumatic) _____ | <input type="checkbox"/> Cancer (type) _____ |
| <input type="checkbox"/> Spinal Injuries _____ | Treatment type? _____ |
| <input type="checkbox"/> Open Heart Surgery _____ | <input type="checkbox"/> Smoker ___yes ___no If yes, how long? _____ |
| <input type="checkbox"/> Amputations _____ | <input type="checkbox"/> Alcoholism ___yes ___no |
| <input type="checkbox"/> Prosthetics _____ | <input type="checkbox"/> Other (including childhood disorders) _____ |
| <input type="checkbox"/> Diabetes _____ | _____ |

Medical History (continued) Please describe the above information and any other you feel may be important, including current medications, timing of injuries, the locations of traumatic injuries, etc.

Habitual Activities (i.e., jogging, repetitive motions, etc.)

Body Donation Questionnaire cont. (3 of 3)

Eye Color Blue Green Gray Brown Hazel Other _____

Tattoo(s) Yes If yes, Description: _____ Location: _____
 No

Body Yes If yes, Description: _____ Location: _____

Piercing(s) No

Informant Information (if other than donor)

Name _____ Relationship _____
Address _____ Phone Number _____
City _____ State _____ Zip _____

DO NOT CONTINUE IF YOU ARE A LIVING DONOR

Location of Death (if applicable) _____ **Date of Death** _____

Institution/Hospital _____

Address _____

City _____ County _____ State _____ Zip _____

Please include a photograph of yourself along with this questionnaire, preferably one where you are facing forward and smiling.

Thank you for taking the time to fill out this questionnaire.
If we can be of further assistance, please feel to contact us.

Return completed forms to:
F.A.C.T.S.
c/o Mary Gibson
Texas State University-San Marcos
601 University Drive
San Marcos, Texas 78666

Phone: (512) 245-8272
Fax: (512) 245-8076
Email: m.gibson@txstate.edu

WILLED BODY FORM

Date

Name of Donor (Please Print)

Address, City, State, Zip, Phone Number

It is my wish that at the time of my death, my body be made available for teaching and scientific purposes to the Anatomical Board of the State of Texas (Board) represented by Texas State University-San Marcos. I understand that the University will pay for transportation of my body so long as it is located within a 100 mile radius of Texas State University at 601 University Drive, San Marcos, Texas 78666.

I understand that the Forensic Anthropology Center reserves the right to decline a body that has been embalmed, or is over 500 lbs. in weight. In addition, I understand that no guarantee exists that my body will be accepted at the time of death. I understand that if I am morbidly obese, have jaundice or a contagious disease (e.g. HIV, Hepatitis, TB, etc.), my body may 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 next of kin must make other arrangements for the final disposition of my body. The Willed Body Program is not responsible for any costs associated with other necessary arrangements.

I hereby relinquish all rights and claims regarding my body and direct that by accepting and using my body for teaching and scientific purposes and its subsequent disposition, neither the Board nor Texas State University shall incur any liability and no manner of claim shall arise against the Board or the University.

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 and is listed in the Texas State telephone directory.

Body Donor Signature

Witness

Printed Name: _____

Address: _____

Phone: _____

Witness

Printed Name: _____

Address: _____

Phone: _____

Signature of Next of Kin

Relationship to Donor

Printed Name: _____

Address: _____

Phone: _____