

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

Thank you for your interest in the Willed 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. 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 some form of infectious disease such as HIV, AIDS, tuberculosis, hepatitis, 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 200 mile radius of Texas State University - San Marcos, located at 601 University Drive, San Marcos, TX 78666. Outside the 200 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 in item 4 above.
6. Donation paperwork for living donors needs to be returned to the Forensic Anthropology Center at Texas State University - San Marcos. 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 FACTS Body Donation Document must be signed by 2 witnesses over the age of 18) to verify your signature. It does NOT need to be notarized.
8. Once your donation paperwork has been accepted and reviewed, you will receive a letter of receipt confirming your status as a Living Donor with the FACTS Body Donation Program. You will also receive a donation card and a copy of the Body Donation Document to keep in your records

If you have any questions or concerns that have not been addressed in this letter, please feel free to contact the Coordinator of the Forensic Anthropology Center, Sophia Mavroudas at 512-245-1900 or FACTS@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 (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 them to the following address:

Forensic Anthropology Center
at Texas State University-San Marcos
c/o Sophia Mavroudas
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

Trauma and advanced research request: Your initials indicate that you permit your remains to be used for trauma and other advanced research that benefits the biomedical, medicolegal, and anthropological communities. Research of this type will help increase our knowledge of the processes of trauma, which will allow us to better interpret trauma in medicolegal death investigations and to work towards prevention in living people. Your remains will only be used in this type of research when your initials are present and there is a need.

— **Biological Questionnaire (3 pages)**

All information is considered confidential. This information assists with the completion of the Death Certificate and the ongoing research at FACTS. We ask that any changes to this vital information be reported to FACTS to keep our records up to date.

— **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 the 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 (512-245-1900) 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, email

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

____ I permit my remains to be used for trauma and other advanced research.
Initial

(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

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 _____ **Social Security Number:** _____

Date of Birth ____/____/____ **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: 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): _____ Highest College Degree Earned _____ Branch: _____

Childhood Socio-Economic Status: Lower Lower-Middle Middle Upper-Middle Upper

Adult Socio-Economic Status: Lower Lower-Middle Middle Upper-Middle Upper

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

Geographic History

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 – (Please indicate the year or approximate age for each)

Braces: ___yes ___ no ___age

Bridge: ___yes ___no ___age

Dentures: ___yes ___ no ___age

Dental Trauma: ___yes ___no ___age

Dental History (continued) Please describe the above information and any other you feel may be important, including gum disease, tooth restorations (fillings), etc.

Medical History (please indicate the year or approximate or age for each)

- Surgery (general) _____
- Plastic Surgery (indicate type and location) _____
- Fractures _____
- Auto Accidents (traumatic) _____
- Cancer (type) _____
- Spinal Injuries _____ Treatment type? _____
- Open Heart Surgery _____ Smoker ___yes ___ no If yes, how long? _____
- Amputations _____ Alcoholism ___ yes ___ no
- Prosthetics _____
- Diabetes _____
- Other (including childhood disorders) _____

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 No If yes, Description: _____ Location:

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

Informant Information

Name _____ Relationship _____

Address _____ Phone Number _____

Email _____

City _____ State _____ Zip _____

Please include photographs of yourself along with this questionnaire. If childhood pictures are available please include photos of different ages and indicate age on back of photo. Please also include any health records, x-rays, or other information available.

We request that you ask your Next of Kin to designate the Forensic Anthropology Center for charitable donations in your memory at the time of your passing. Giving a contribution in honor of a donation provides an opportunity to celebrate a loved one as well as support our mission.

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

Return completed forms to:

F.A.C.T.S.
c/o Sophia R. Mavroudas
Texas State University-San Marcos
601 University Drive San Marcos, Texas 78666
Phone: (512) 245-1900
Fax: (512) 245-6889
Email:
FACTS@txstate.edu

WILLED BODY FORM

Date

Name of Donor (Please Print)

Address, City, State, Zip, Phone Number, email

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 with a 200 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: _____