

**FORENSIC ANTHROPOLOGY RESEARCH CENTER
TEXAS STATE UNIVERSITY-SAN MARCOS
WILLED BODY PROGRAM
DONOR FORM**

Date

Social Security No.

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, TX 78666.

I understand that the Forensic Anthropology Research Facility reserves the right to decline a body that has been embalmed or over 500 lbs. 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 or emaciated; 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

Witness

Address

Address

City, State, Zip, Phone Number

City, State, Zip, Phone Number

Next of Kin

Signature of Next of Kin

Address

Relationship to Donor

City, State, Zip, Phone Number (include area code)

**FORENSIC ANTHROPOLOGY RESEARCH CENTER
TEXAS STATE UNIVERSITY-SAN MARCOS
Special Request Form**

Please Check ONE of the following

_____ **I do not wish my remains to be returned.**

Signed _____
Body Donor Signature

Please Print Body Donor Name

* * * * * **OR** * * * * *

_____ **I wish my remains to be returned to the following next of kin or recipient.**

I wish for my remains to be **returned to the undersigned next of kin**. Therefore, I hereby request and authorize the Forensic Anthropology Research Facility to return the remains to the undersigned next of kin via United States Courier to the address below.

(Body Donor Please Initial)

As of next kin, I understand that there is a \$150.00 charge for return of remains, and I agree to make payment or make arrangements for payment prior to return. The Forensic Facility at Texas State University will contact me when the remains are available. I understand that every effort will be made to comply with the donor's request. Two years or more after the body has been accepted may elapse before I am contacted. In the event the Forensic Anthropology Research Facility is unable to locate me after notification by mail, I understand that the Forensic Facility at Texas State University will hold the remains for at least ninety (90) days, and I then authorize that in the absence of other instructions, the remains be kept for teaching purposes.

Name of Next of Kin		
Signature of Next of Kin	Print	Date
Relationship to Donor		
Street Address		
City, State, Zip, Phone Number (include area code)		
Signature of Body Donor	Print	Date
Witness Signature	Print	Date
Street Address of Witness		
City, State, Zip, Phone Number (include area code)		