

**WILLED BODY PROGRAM -  
DONOR REGISTRATION FORM**

University of Washington, School of Medicine—  
Department of Biological Structure, Box 357420, Seattle, WA 98195.7420 Office: (206) 543.1860  
(On This Donor Registration Form—References to "The University" refer to the University of Washington.)

By completing, signing and submitting this Form, I am expressing my desire to donate my body for scientific study, teaching or research. I have read, and understood the Donor Information Letter and the Acknowledgements below. I've had the opportunity to ask the Willed Body Program staff any questions. Any questions I've asked have been answered to my satisfaction.

**Acknowledgements**

- I agree that the University may decline to accept my body for any reason.
- I understand that the University may use my body and any of its parts, including body fluids, tissues and organs, for the development of one or more research, diagnostic, or therapeutic product(s) or procedure(s).
- I understand that the University may loan my body or parts to other institutions for purposes of medical or surgical teaching, education and research.
- I understand that organs, tissues or parts of my body may be removed or separated and provided to different entities and these parts may be disposed of at different times and different locations.
- I agree to cremation of my remains as a condition of donation. I understand that my body could be retained up to three years. If I want my available cremated remains returned for private burial, I will INITIAL Option #2 and complete the required information in the space provided at the bottom of this Donor Registration Form. The available cremated remains exclude any of my body parts retained for continuing teaching or research. If I do not choose to have my available cremated remains returned, I will INITIAL Option #1 and they will be buried at the common University burial site at Evergreen-Washelli Memorial Park in Seattle, Washington during an annual burial service.
- I agree the cremated remains will not be recoverable after burial.
- I agree to inform my family and/or other responsible persons and physician of my decision to give my body to the University.
- I agree that the specific details of how my remains have been used are confidential and will not be disclosed to my family after my death, unless provided by law.

**Authorization:** I hereby wish to give my body to the University of Washington, School of Medicine immediately after my death to be preserved and used by the University at their discretion for medical or surgical teaching, education and research.

When the prospective donor is medically unable to sign this Donor Registration Form, the legal guardian or agent of the donor through a power of attorney for healthcare decisions may authorize the gift. A copy of your Legal Guardian or Healthcare Power of Attorney papers must accompany this form when sending. Persons with Durable POA, are not eligible to sign, unless the document specifically states they are authorized to donate the body after death for medical education.

(Mr. Mrs. Ms. Miss ) Print Name: _____				Last 4 digits of SS# xxx-xx-_____	
Last Name	First Name	M.I.			
Mailing address: _____			City/State/Zip: _____		
Phone #: _____		Alternate #: _____		Date Of Birth: _____	
Donor Signature: _____				Date: _____	
Legal Guardian or Healthcare POA Signature Only: _____				Date: _____	
Print Name: _____		Ph. # _____		Relation to the prospective donor: _____	

**Disposition of your cremated remains: Make one choice of - Option #1 OR #2. Please write your initials and not a check mark.**  
We suggest that you discuss burial options with your family.

\*Option #1 - Initial Here Only \_\_\_\_\_ Bury my available cremated remains in the University of Washington's community burial site located at Evergreen-Washelli Memorial Park at the annual ceremony burial service.

**OR**

\*Option #2 - Initial Here Only \_\_\_\_\_ \*\*Send my available cremated remains for private burial to: \_\_\_\_\_  
\*\*Be sure to notify this person that you're requesting that your cremains be sent to them.

Mailing Address: \_\_\_\_\_

Person's Phone #: \_\_\_\_\_ How is this person related to you? \_\_\_\_\_

**REQUIRED—TWO WITNESS' SIGNATURES** ( Witness can be family, friend, etc.)

Witness #1:

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness #2:

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

IMPORTANT INFORMATION REQUESTED: Please provide information of your next of kin—spouse, adult child, parent, adult sibling, other family member, personal representative, POA, or Estate Executor. It is helpful to our department if we have two contact people on file in the event we're unable to reach the first person you list.

Print Name \_\_\_\_\_ Relation to you: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Print Name \_\_\_\_\_ Relation to you: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

After you have read our 4 page Information Letter, please call our **office (206) 543-1860** with any questions you may have *before* you sign and send this form . Our Information Letter is located on our website - [uwmedicine.org/willedbody](http://uwmedicine.org/willedbody), or, you can call our office to request a copy. The Donor Information Letter and Donor Registration Form is printable from our website, located at the bottom of the first page— Website: [uwmedicine.org/willedbody](http://uwmedicine.org/willedbody)

Complete this form in its entirety to avoid any delay with your registration. **Reminder: Page 1**—Write your INITIALS in the space provided and not a check mark indicating your choice of Option #1 or Option #2, **sign your name, write the date, and provide your date of birth where asked.** **Page 2**— **Be sure to get the required TWO witness signatures** and mail the **original** signed copy to **address**—*Willed Body Program, Department of Biological Structure, University of Washington, School of Medicine, Box 357420, Seattle, WA 98195-7420*, or use our return envelope, if we sent one. We suggest that you keep a copy of your completed Donor Registration Form for your records and give a copy to your immediate family. Whichever applies, you may also want to give copies to the designated person that has your legal Power of Attorney for Healthcare, healthcare provider, caregiver and/or personal representative handling matters for you upon your passing. After we receive your completed, signed original, of the Donor Registration form, we will send you a confirmation letter that includes a Donor ID card with the number to call to report a death.

If a prospective donor's passing is imminent, please contact us during office hours. After speaking to our staff, this donor form can be **faxed to (206) 543-0601** "for urgent purposes". After you've faxed it, call our office again to confirm the form was received **(206) 543-1860**, then mail the signed copy of the original.