

**WILLED BODY PROGRAM -
DONOR REGISTRATION FORM**

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 or procedure.
- 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.

Signature And Mailing: Mail the 'original' signed hardcopy of the Donor Registration form. Only one signature by the prospective donor is required.

If the prospective donor is "medically" unable to sign the Donor Registration form, the court appointed Legal Guardian, or designated person with notarized Healthcare/Medical Power of Attorney can sign in the designated signature area below. And, a copy of the Legal Guardian document or notarized Healthcare/Medical Power of Attorney document must accompany the Donor Registration form when sending to our office.

(Mr. Mrs. Ms. Miss) Print Name: _____		Last 4 digits of SS# XXX-XX-_____	
Circle One	Last Name	First Name	M.I.
Mailing Address: _____		City/State/Zip: _____	
Phone #: _____	Alternate #: _____	Date Of Birth: _____	
Donor Signature: _____		Date: _____	
Legal Guardian or Healthcare /Medical 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: _____

Persons Phone #: _____ How is this person related to you? _____

REQUIRED—TWO WITNESS' SIGNATURES

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, Estate Executor., or other person/s handling matters for you upon your passing. It is helpful to our department if we have more then one contact person 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, or, you can call our office to request a copy. The Donor Information Letter and Donor Registration Form is printable from our website — www.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 hard copy of your Donor Registration form 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 signed and completed Donor Registration Form for your records and give a copy to your immediate family. You may also want to give copies where applicable; healthcare/medical power of attorney, medical physician, caregiver, and/or person handling matters for you after you pass.