

Instructions for completing the “Authorization for Body Donation and Pre-Registration” form

Authorization for Body Donation - Print your name on the first line. Donor or his representative (i.e. medical power of attorney) must sign and date where indicated by the red arrow in the presence of two witnesses. Each witness should print their name, sign and date where indicated by the yellow arrows. **Witnesses’ signature must have the same date as your signature date.** If you have two witnesses it is not necessary to notarize. However, if you do not have two witnesses, your signature must be notarized by a Notary.

Contact Information - Provide the physical location where you currently live. Provide a mailing address, if different from your physical address.

Vital Statistics – The accuracy of this information is important because it will be used to complete your death certificate. Pay particular attention to spellings, dates and correct names. Do not leave any blank lines, if something does not apply, enter N/A.

Disposition of Cremated Remains - Check only one option. Option one, your cremated remains will not be returned, will be buried in the UMMC Cemetery on campus. Option two, your cremated remains will be returned to the person or the place on the form, within 18 to 24 months. If you wish to change your option, just send the signed and dated change in writing to the Body Donation Program.

Additional Contact - This can be a relative, friend, power of attorney, etc. Do not enter your spouse; their information has been provided in Vital Statistics.

Brief Medical History - Answer the questions and briefly provide any other information about your medical history you think would be helpful to our students.

The body donation pre-registration process takes up to 45-days from the date the properly completed forms are received. Once the process is completed, you will receive an acknowledgement letter and a body donor identification card.

Should any information on your form become outdated, please inform our office in writing of the changes to keep your records current.

Before mailing the original form, make a copy for your records. Mail the form with the **original signature** to UMMC, Neurobiology and Anatomical Sciences, Attn: Body Donation Program, 2500 North State Street, Jackson, MS 39216. A form with an original signature must be received. **We CANNOT ACCEPT copied, faxed or emailed signatures.**

Should you have any further questions, please visit our website umc.edu/bodydonation, contact us by phone at 601-984-1649 or by email at bodydonation@umc.edu



Authorization for Body Donation and Pre-Registration

Authorization for Body Donation

I (Donor please print name), _____ being 18 years of age or older, wish to donate my entire body upon my death to the **University of Mississippi Medical Center (UMMC) Body Donation Program** for anatomical study, research and the advancement of medical science.

I fully understand that the **UMMC Body Donation Program**, may not be able to accept my body at the time of death, in which case my next-of-kin/agent will make other arrangements for final disposition at their expense or the expense of my estate.

Donor/Agent's Signature / (Do not print) _____ Date _____ If signing for Donor, what is your Relationship? _____

Witness # 1 (Print Name) _____ Phone Number _____ Witness # 2 (Print Name) _____ Phone Number _____

Witness #1 Signature _____ Date _____ Witness #2 Signature _____ Date _____

Contact Information

Street Address	City	State	Zip Code	Home Phone
Mailing Address (If different from above)	City	State	Zip Code	Cell Phone
E-mail Address:				

Vital Statistics (Information will be used to complete Death Certificate)

Social Security Number (Required)	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth (State or Foreign Country)
RACE (Check one or more of the boxes to indicate what the donor considers him/herself) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander (Specify: _____) <input type="checkbox"/> American Indian (Name of tribe: _____) <input type="checkbox"/> Other (Specify: _____)			
EDUCATION (Check the box that best describes the highest level of school completed) <input type="checkbox"/> Grade 8 or less <input type="checkbox"/> Grade 9-12, no diploma <input type="checkbox"/> High School graduate or GED <input type="checkbox"/> Some college credit, no degree <input type="checkbox"/> Associate degree (AA, AS) <input type="checkbox"/> Bachelor's degree (BA, AB, BS) <input type="checkbox"/> Master's degree (MA, MS, MEd, MSW) <input type="checkbox"/> Doctorate (PhD, Ed D or Professional degree (MD, DDS, JD) <input type="checkbox"/> Unknown			
Current Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	Current Spouse Name (First, Name, Last)	Wife's Maiden Name	Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> No <input type="checkbox"/> Yes ARE YOU OF HISPANIC ORIGIN? (Check the box that best describes this origin) <input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other (_____)			

Usual Occupation (Kind of work done most of working life. (Do not enter retired.)	Kind of Business or Industry
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Father Name: (First, Middle, Last) Even if deceased	Mother Name: (First, Middle, Last Name,) Even if deceased	Mother's Maiden Name
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Disposition of Cremated Remains

(Check only one box)

Option one: I do not wish my cremated remains to be returned. (The ashes will be buried in UMMC cemetery within three years)
Option two: I do wish my cremated remains to be returned. (Ashes will be returned within 18 and 24 months)

Return my ashes to	Relationship	Mailing Address	City	State	Zip Code	Phone Number
Email:						

Additional Contact

Next of Kin/Executor of Estate (Other than spouse)	Relationship	Mailing Address	City	State	Zip Code	Phone Number
Email:						



BRIEF MEDICAL HISTORY

Donor Name: _____

1. Your present state of health: Poor Fair Good Excellent

2. Have you had joint surgery? Knee Hip Shoulder Spine Other joints: _____

3. Have you had any organs removed? Hysterectomy Prostatectomy Other: _____

4. Have you had or currently have any infectious disease? MRSA (or similar) Hepatitis
 HIV Tuberculosis Other: _____

5. Any other illnesses, accidents, surgeries, deformities, transplants, pacemaker, amputations etc. you would like to mention? _____

6. Weight: _____ lbs.

7. Height: _____ ft. _____ in.

7. Are you currently in a nursing home or under hospice care? Yes No

8. What is your primary reason for body donation?

- Furthering medical education/research
- Dislike of funerals or funeral costs
- Avoidance of conventional methods of body disposition
- Give my body purpose after life
- Other: _____

9. How did you hear about UMMC Body Donation Program?

- Funeral Home Health Care Provider UMMC Student
- Media/Internet Church Family Member/Friend
- Other: _____

10. Anything that you would like to share? _____