Instructions for Completing 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 Cremains - Check only one option. Option one, your cremated remains will not be returned, will be buried in 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. Spouse information has been provide above.

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Should any information on your form become outdated, please inform our office in writing of the changes to keep your records current.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 will NOT ACCEPT copied, faxed or emailed signatures.

If you should have any further questions, visit our website umc.edu/bodydonation, contact us by phone 601-984-1649 or by email at bodydonation@umc.edu
Criteria for Non-Acceptance in the UMMC Body Donation Program

While we make every effort to honor someone’s wish to donate, we must carefully review each potential donor’s medical history at the time of death with the health-care provider or family before granting final acceptance into the program.

Reasons a donation cannot be accepted include, but not limited to, any of the following:

- Death occurred outside of Mississippi.
- Death caused by suicide or extreme trauma.
- Disputes over the donation by Legal Authorizing Agent or Next of Kin.
- Notification of death not received in a timely manner.
- Certain infectious diseases, e.g. hepatitis, AIDS, MRSA etc.
- Severe obesity (body weight over 275 lbs.) or severe wasting
- Jaundice (yellowing of the skin), excessive fluid retention, excessive decomposition or body in fetal position.
- Previously embalmed or autopsied.
- Organ(s) or tissue(s) removed for organ donation except the corneas.
- If the number of donated bodies required by the school will be exceeded.

Therefore, we strongly encourage you to make alternative arrangements should your donation be declined.
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 □Male □Female Place of Birth (State or Foreign Country) ___________________________

RACE (Check one or more of the boxes to indicate what the donor considers him/herself)

□ White □ Black or African American □ Chinese □ Filipino □ Korean □ Vietnamese □ Native Hawaiian □ Samoan □ Asian Indian □ Guamanian or Chamorro □ Other Pacific Islander (Specify: ___________________________

□ American Indian (Name of tribe: ___________________________

□ Other (Specify: ___________________________

EDUCATION (Check the box that best describes the highest level of school completed)

□ Grade 8 or less □ Grade 9-12, no diploma □ High School graduate or GED □ Some college credit, no degree □ Associate degree (AA, AS) □ Bachelor’s degree (BA, AB, BS) □ Master’s degree (MA, MS, MED, MSW) □ Doctorate (PhD, Ed D or Professional degree (MD, DDS, JD) □ Unknown

Current Marital Status: □ Married □ Married, but separated □ Widowed □ Divorced □ Never Married □ Unknown

Current Spouse Name (First, Name, Last) ___________________________

Wife’s Maiden Name ___________________________

Have you ever served in the U.S. Armed Forces? □ Yes □ No

□ No □ Yes ARE YOU OF HISPANIC ORIGIN? (Check the box that best describes this origin) □ Mexican, Mexican American, Chicano □ Puerto Rican □ Cuban □ Other (________________)

Usual Occupation (Kind of work done most of working life. (Do not enter retired.) ___________________________

Kind of Business or Industry ___________________________

Father Name: (First, Middle, Last) Even if deceased ___________________________

Mother Name: (First, Middle, Last Name,) Even if deceased ___________________________

Mother’s Maiden Name ___________________________

Disposition of Cremains

(Check only one box)

□ I do not wish my cremains to be returned. (The cremains will be buried in UMMC cemetery within Three Years)

□ I do wish my cremains to be returned upon completion of the scientific study. (Cremains will be returned within 18 and 24 months)

Return my cremains to ___________________________

Relationship ___________________________

Mailing Address ___________________________________________ City ___________________________ State __________ Zip Code __________ Phone Number ___________________________

Additional Contact

Next of Kin/Executor of Estate (Other than spouse) ___________________________

Relationship ___________________________

Mailing Address ___________________________________________ City ___________________________ State __________ Zip Code __________ Phone Number ___________________________

Email: ___________________________________________

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«Request» 10/24/2018

Revised 08/2015
BRIEF MEDICAL HISTORY

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? __________________________________________________________________________________


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

8. Is there any other information, favorite quote, saying or advice you would like to share with those you will be teaching? __________________________________________________________________________________

9. What is your primary reason for body donation?

☐ Furthering medical education
☐ Dislike of funerals or funeral costs
☐ Avoidance of conventional methods of body disposal
☐ Give my body purpose after life
☐ Other: ____________________________

10. What is your secondary reason for body donation?

☐ Furthering medical education
☐ Dislike of funerals or funeral costs
☐ Avoidance of conventional methods of body disposal
☐ Give my body purpose after life
☐ Other: ____________________________

11. How did you hear about the UMMC Body Donation Program?

☐ Funeral Home ☐ Doctor ☐ UMMC Student ☐ Hospice
☐ Donor ☐ Media ☐ Internet ☐ Church
☐ Social Worker ☐ Family Member ☐ Friend
☐ Other: ____________________________

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