



DONATION OF BODY TO THE BODY DONATION PROGRAM

Oregon Health & Science University
Portland, Oregon 97239-3098

I wish to donate the body of:

Name of Donated Remains Name of Donor (Self or Other)

to the Oregon Health & Science University-School of Medicine as a contribution to the advancement of medical science. It is the responsibility of the funeral director authorized to handle the arrangements necessary at the time of death to notify the Body Donation Program at the Oregon Health & Science University-School of Medicine. The telephone number is (503)494-8302. The Anatomy offices are open Monday through Friday from 8:00 a.m. until 5:00 p.m., and are closed at night and during the weekend. Telephone calls after closing hours will be automatically transferred to an emergency number and recording tape. The notification of a funeral director is important since the body must be embalmed as soon after death as possible. Costs of the initial embalming and transportation to the School of Medicine must be assumed by the estate of the deceased.

INFORMATION ON DONATED REMAINS

Address: Phone:

City: Zip:

Date of Birth: Birth Place: Sex:

Social Security No. Veteran: Service & Serial Number Claim Number

Marital Status: Name of Spouse:

Please read carefully and check where appropriate:

- Should circumstances at time of death make desirable and practical the transplanting of any parts or tissue to assist in the life or health of other human beings, the attending physician is authorized to arrange this.
Permission is granted to the Oregon Health & Science University to transfer my body to any other qualified institution within the state of Oregon. Remains will be returned to OHSU for cremation and final disposition.
I have made arrangements with a funeral director for an alternate plan should the Oregon Health & Science University be unable to accept the remains at the time of my death. (The Oregon Health & Science University cannot assume the cost of a funeral.)
I would like memorial contributions made to the Anatomical Research Fund, the Oregon Health & Science University, or any other charitable organization desired.

I authorize the Oregon Health & Science University to provide for appropriate final disposition of the remains when the anatomical gift has fulfilled its purpose of contributing to the advancement of medical science.

(OPTIONAL) I direct the University to return the ashes of the cremated remains to

(Address) (City) (State) (Zip Code)

The signatures of two witnesses are required. We would prefer that these be of two close relatives, indicating their willingness to donate this body to the Oregon Health & Science University. One of the witnesses should be a person to whom we may send acknowledgment of your donation at the time of death.

9/02

Witness to receive acknowledgement Relationship Address Date Witness Relationship Address Signature of Donor

HSU-302