

General Information and Donor Registration Form

West Virginia Anatomical Board

Please complete these forms and return to the Human Gift Registry (HGR). This information is necessary in completing the death certificate and will be held in confidence according to HIPAA guidelines. Please answer all questions if known.

Name of Donor _____
(PRINT OR TYPE) FULL LEGAL NAME (AS IT APPEARS ON SOCIAL SECURITY CARD) - FIRST, MIDDLE, LAST, AND MAIDEN NAME (IF APPLICABLE)

In the hope that I might help others, I hereby make this anatomical gift to take effect upon my death. I donate my body for anatomical study in the advancement of scientific medical education and research. This gift is made in accordance with the West Virginia Higher Education Policy Commission Anatomical Board, Title 133 Series 33.

DONOR INFORMATION

Date of Birth _____ City/State of Birth _____ Age _____

Gender _____ Weight _____ Height _____

State of residence _____ County _____ Within city limits _____ Yes _____ No

Marital Status _____
(MARRIED, NEVER MARRIED, SINGLE, WIDOWED, DIVORCED)

Spouse's Full Name _____
IF FEMALE, GIVE MAIDEN NAME

Mother's Name (first, middle, maiden) _____

Father's Name (first, middle, last) _____

Race (American Indian, White, Black, etc.) _____

Hispanic Origin (yes or no) _____ If yes, specify country _____

Education completed - List Highest Completed (1-12) _____ College (1-4) _____ Other _____

Service in the U.S. Armed Forces _____ Yes _____ No Branch of Service? _____

If female, have you had a hysterectomy _____ Yes _____ No

Occupation (prior to retirement) _____

Kind of Business or Industry _____

List Any known infectious diseases (HIV, AIDS, Hepatitis, TB, Herpes, etc.) _____

Next of Kin / Contact Name _____

Contact Person's Street Address _____

City, State, Zip Code _____

Phone _____ E-mail _____

PREFERRED REGISTRY LOCATION (Check One)

_____ WV School of Osteopathic Medicine (WVSOM) 304-647-6208, 400 Lee Street North - Lewisburg, WV 24901 _____

West Virginia University 304-293-6322, 4052 Health Sciences North - Morgantown, WV 26506

_____ Marshall University 304-696-7382, One John Marshall Drive, CEB Room 309 - Huntington, WV 25755

REQUEST TO SEND INVITATION FOR MEMORIAL SERVICE

_____ Please send an invitation for the annual Memorial Service (multiple family/friends may attend per single invitation)

Name (one only) _____

Street Address _____

City, State, Zip Code _____

Phone _____ E-mail: _____



I have read the information about body donations provided on the HGR Web Page and/or the HGR Brochure and understand and accept the following:

- I am donating my body for education and research to the WV Anatomical Board and one of the Human Gift Registries at the West Virginia School of Osteopathic Medicine, West Virginia University or Marshall University.
- My body may be used at the WV School of Osteopathic Medicine, WVU, Marshall or at another location within the State of West Virginia, within another State, or Internationally. The study period for my body could take up to three years.
- My ashes will be interred at the mausoleum for the WV School of Osteopathic Medicine, WVU or Marshall, unless I specifically designate a person that I wish to receive my ashes.
- In some cases selected body part(s) could possibly be used for special educational/research needs and will not be included in my cremation.
- The Anatomical Board and the Human Gift Registries reserve the right to decline any donation for the reasons listed but not limited to the information pages. If the body is declined, the Anatomical Board and HGRs will not accept financial responsibility for the disposition of the body.



DONOR AND THE WITNESSES MUST SIGN IN THE PRESENCE OF EACH OTHER

Name of Donor _____

(Print or type) Full Legal Name (as it appears on Social Security Card) - First, Middle, Last, and Maiden Name (if applicable)

Donor Signature _____ Date _____

Phone _____ Social Security Number _____

Street Address _____

City, State, Zip Code _____

County _____

WITNESS 1

WITNESS 2

SIGNATURE _____

DATE _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

Donor Registration Form: Designation of ashes - I direct the following disposition of my ashes:

_____ 1. To be placed in an urn in the mausoleum of the receiving institution and designated for permanent interment.

_____ 2. To be returned to one individual identified below (with the priority going from #1 Name to #3 Name)

1 NAME _____

RELATIONSHIP TO DONOR _____

STREET ADDRESS _____

CITY STATE, ZIP _____

PHONE NUMBER _____ EMAIL _____

2 NAME _____

RELATIONSHIP TO DONOR _____

STREET ADDRESS _____

CITY STATE, ZIP _____

PHONE NUMBER _____ EMAIL _____

3 NAME _____

RELATIONSHIP TO DONOR _____

STREET ADDRESS _____

CITY STATE, ZIP _____

PHONE NUMBER _____ EMAIL _____



Only individuals named by the donor will be allowed to receive ashes. If the HGR is unable to make contact with any of the listed individuals, the ashes will be placed in the mausoleum. Distribution by the HGR to individuals other than those named by the donor will require proof of kinship.

Donor Signature _____ Date _____

The Human Gift Registry is **under no obligation to accept an anatomical gift and reserves the right to decline any donation.** WE SUGGEST HAVING A BACKUP PLAN IN PLACE.