FORM 1

Anatomical Gift

Of

______________________________
Print Name of Living Donor

In the hope that I may help others upon my death, I hereby give my entire body to the School of Medicine, Case Western Reserve University, subject to terms specified herein, for education or any other purpose authorized by law.

I understand and agree as follows: that the School of Medicine may refuse to accept my body at the time of death; that if the School of Medicine accepts my body, it may not be used by my family in a funeral service, that when the School of Medicine is finished with my body they will cause it to be cremated; and, that my remains will be commingled with other ashes and interred at Riverside Cemetery, located at 3607 Pearl Road, Cleveland, Ohio 44109, unless I have provided written directions for the private deposition of my remains, in which case the school of Medicine will make a reasonable attempt to comply therewith.

Signed by the donor and the following two witnesses in the presence of each other on this _____ day of ______________ 20___:

______________________________  Print name of Witness  Signature of Donor

______________________________  Print name of Witness  Signature of Donor

This is a legal document under the Uniform Anatomical Gift Act or similar laws. The School of Medicine Department of Anatomy must be notified immediately after your death so that the action necessary to implement your anatomical gift may be taken.

Please call: Department of Anatomy: 216-368-3430 or 216-368-2255 for the Funeral Director.

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FORM 2: Instructions: complete the entire form, including the appropriate signatures, and return the form to the mail address listed above. Please keep a copy for your next of kin and your physician.

Name: (Title) __________ (Last) ___________________________ (First) __________ (Middle) __________

Social Security Number: __________ Gender: __________

Race/ethnicity: (white, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or other, Hispanic or Latino)

Resident Address:
(Street) __________ (City) __________ (State) __________ (Zip Code) __________ (County) __________

Home Phone: __________ Cell Phone: __________ Email: __________

Date of Birth: __________ Place of Birth: __________
(mm/dd/yyyy) __________ (City) __________ (State) __________ (County) __________

Donor’s Father's Name: __________

Donor’s Mother’s Name: (before Marriage) __________

Donor’s Occupation: Even if retired __________

Check one: Single: ______ Married: ______ Divorced: ______ Widowed: ______

Number of Years in School, Elementary 1-12: __________ College (1+): __________

Name of Next of Kin: __________ Relation to You: __________

If next of kin is your wife, give full name before marriage including Maiden Name: __________

Address of Next of Kin: __________

Telephone number of Next of Kin: __________ Email of NOK: __________

Were you in the U.S. Armed Forces? Yes_____ No_____ If Yes, please specify: __________

Entered Service Date: __________ Place: __________

Organization and Service Number: __________ Branch of Service: __________

Separation from Service Date: __________ Type of Discharge (Honorable, etc): __________

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2108.02
(A) Any individual of sound mind and eighteen years of age or more may give all or part of his body for the purpose specified in section 2108.02 of the Revised Code, the gift to take effect upon his death.

(D) A gift of all or part of a body authorizes any examination necessary to assure medical acceptability of the gift for the purpose intended.

(E) The rights of the donee created by the gift are paramount to the rights of the others except when an autopsy is required pursuant to section 313.12 of the Revised Code.

2108.03
Any of the following persons may become donees of gifts of bodies or parts thereof for the purposes stated:

(B) An accredited medical or dental school, college or university, for education, research, advancement of medical or dental science, or therapy.

2108.04
(A) A gift of all or part of the body under division (A) of section 2108.02 of the Revised Code may be made by will. The gift becomes effective upon the death of the testator without waiting for probate. If the will is not probated or if it is declared invalid for testamentary purposes, the gift, to the extent that it has been acted upon in good faith, is nevertheless valid and effective.

(B) A gift of all or part of the body under division (A) of section 2108.02 of the Revised Code may also be made by any document other than a will. The gift becomes effective upon the death of the donor. The document, which may be a card designed to be carried on the person, shall be signed by the donor in the presence of two witnesses who shall sign the document in his presence. If the donor cannot sign, the document may be signed for him at his direction and in the presence of two witnesses, having no affiliation with the donor, who shall sign the document in his presence. Delivery of the document of gift during the donor’s lifetime is not necessary to make the gift valid.
FORM 3
DONOR’S REMAINS

Do you prefer to have your cremated remains returned to your family?
Yes ______  No______

If you answered yes to the above, indicate in order of priority the name, address and relationship of the person or entity (eg. funeral home, cemetery) to whom you wish to have your remains delivered:

1. Name: ______________________________ Relationship: ______________________________
   Address/Phone #: ______________________________

2. Name: ______________________________ Relationship: ______________________________
   Address/Phone #: ______________________________

3. Name: ______________________________ Relationship: ______________________________
   Address/Phone #: ______________________________

Please inform any individuals or entities chosen of your decision. If you do not indicate a preference, if the School of Medicine is not able to locate the individuals or entities listed or if the individuals or entities refuse to accept delivery, then your remains will be commingled with other ashes and interred at Riverside Cemetery, located at 3607 Pearl Road Cleveland, OH 44109.

The disposition of your remains may be changed only by your written instruction delivered to Case Western Reserve University School of Medicine, Department of Anatomy WG-46, 10900 Euclid Avenue, Cleveland, Ohio 44106-4930

Date: ______________________________

Signature of Donor: ______________________________

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