



CASE WESTERN RESERVE UNIVERSITY

School of Medicine

DEPARTMENT OF ANATOMY - Anatomical Gift Program, WG-46

10900 Euclid Avenue
 Cleveland, OH 44106
 anatomy@case.edu

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: _____ (Mm/dd/yyyy) **Place of Birth:** _____ (City) _____ (State) _____ (County)
 o or **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): _____



**OHIO REVISED CODE
PERTINENT SECTIONS
OF CHAPTER 2108**

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.



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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: _____