Thank you for your interest in the Willed Body Donation Program at the Forensic Anthropology Center at Texas State University. Enclosed you will find all the forms necessary for donation. Body donation is an extremely generous gift after death. We would like for you to be familiar without policies prior to completion of paperwork.

1. We do not return remains to the family. The skeletal remains are held in permanent curation and are a very important component to our research and teaching program.

2. If you are an organ and/or tissue donor, you can still donate your body to our program.

3. We reserve the right to decline donations of individuals who have some form of infectious disease such as HIV, AIDS, tuberculosis, hepatitis, or antibiotic resistant infections such as MRSA, even if contracted after donation is arranged. We reserve the right to medical records.

4. We will arrange transportation to our facility if the deceased is located within a 200 mile radius of Texas State University, located at 601 University Drive, San Marcos, TX 78666. Outside the 200 mile radius, the donor or the donor's family must make arrangements for the transportation of the body.

5. We are unable to transport from a private residence. The donor's family must arrange for transportation and assume responsibility for the cost. We will transport a body from a hospital, funeral home, forensic center, or some healthcare facilities that are within the geographic limits stated in item 4 above. Sometimes, FACTS is unable to pick up remains immediately. In this case, it would be the family's responsibility to arrange for pickup and storage at a funeral home/transport service until FACTS is available.

6. Donation paperwork for living donors needs to be returned to the Forensic Anthropology Center at Texas State University. Changes of address or medical status should be made by the donor to the Forensic Anthropology Center to keep donor files up to date.

7. The FACTS Body Donation Document must be signed by 2 witnesses over the age of 18) to verify your signature. It does NOT need to be notarized.

8. Once your donation paperwork has been accepted and reviewed, you will receive a letter of receipt confirming your status as a Living Donor with the FACTS Body Donation Program. You will also receive a donation card and a copy of the Body Donation Document to keep in your records

If you have any questions or concerns that have not been addressed in this letter, please feel free to contact the Coordinator of the Forensic Anthropology Center, Sophia Mavroudas at 512-245-1900 or FACTS@txstate.edu.
BODY DONATION CHECKLIST

Please use this form to make sure all paperwork is completed

Thank you for choosing to donate your body to the Forensic Anthropology Center at Texas State (FACTS). Enclosed you will find several forms necessary for body donation. Please complete these forms, sign them, make a copy for your records, and mail them to the following address:

Forensic Anthropology Center at Texas State University  
c/o Sophia Mavroudas  
College of Liberal Arts  
601 University Dr. - 232 ELA  
San Marcos, TX 78666

FACTS Body Donation Document  
This is a legally binding document allowing you to donate your body to the Forensic Anthropology Center at Texas State University

Trauma and advanced research request: Your initials indicate that you permit your remains to be used for trauma and other advanced research that benefits the biomedical, medicolegal, and anthropological communities. Research of this type will help increase our knowledge of the processes of trauma, which will allow us to better interpret trauma in medicolegal death investigations and to work towards prevention in living people. Your remains will only be used in this type of research when your initials are present and there is a need.

Biological Questionnaire (3 pages)  
All information is considered confidential. This information assists with the completion of the Death Certificate and the ongoing research at FACTS. We ask that any changes to this vital information be reported to FACTS to keep our records up to date.

Willed Body Program Donor Form  
This form is required by the Texas State Anatomical Board

Photographs  
Photographs will be used to help develop better methods of facial reconstruction for unidentified individuals. Please include the following:  
a. Two (2) close-up facial photographs;  
b. One (1) full frontal photograph (such as passport or driver's license photo); and  
c. One profile (side view) photograph.

We would like for you to smile in these pictures and also include various photos (original, digital, reprints, or copies) from your childhood, if possible. These photographs will be used to develop better methods of age progression used by forensic artists to help locate missing and exploited children.
FACTS BODY DONATION DOCUMENT

I, ______________________________ (name), do hereby dispose of and give my body, after my death, to Texas State University, for the use by the Forensic Anthropology Center, or its designee, for educational purposes. I request, authorize, and instruct my surviving spouse, next-of-kin, executor or the physician who certifies my death to notify Texas State University, Forensic Anthropology Center (512-245-8272) of the availability of my body immediately after my death.

Witness my hand and seal this ______(day) of _____________(month), 20____(year) at __________________________

City/State

__________________________
Donor's Signature

__________________________
Printed Name

__________________________
Donor's Address, City, State, Zip Code

__________________________
Donor's phone number

On this ______(day) of ______________________(month), 20 _____(year), I permit my remains to be used for trauma and other advanced research.

_________ Initial

__________________________
(Donor's Name)

Signed this Body Donation Document in our presence and we, as attesting witnesses, and in his/her presence and in the presence of each other have also signed this document.

__________________________
Signature of Witness:

__________________________
Printed Name:

__________________________
Address:

__________________________
Signature of Witness:

__________________________
Printed Name:

__________________________
Address:

**This form does not need to be notarized**
Body Donation Questionnaire (1 of 3)

Please complete the following information by filling in the blank and/or circling an option. If you need more space, additional sheets may be attached. All of the information will be considered confidential.

Full Legal Name ___________________________ / ___________________________ / ___________________________ / ___________________________

First Middle Last Maiden

Sex: ___female ___male Race: ___Black ___Hispanic ___White Other (describe)____________________________

Date of Birth: _______ SSN: _______________ Place of Birth: __________________________________________

City/State/County

Home Address: ______________________________________________________________

City: ___________________ State: ___ Zip: ___________ Is your home within city limits? ___yes ___no ___unk

Marital Status: ___Single ___Married ___Widowed ___Divorced ___Divorced and Remarried ___Other

Spouse: ___________________________ / ___________________________ / ___________________________ / ___________________________

First Middle Last Maiden

Your Spouse is: ___Living ___Deceased ___Unk

Number of Children: _____ Number of full term pregnancies: _____

Mother’s Name: ___________________________ / ___________________________ / ___________________________ / ___________________________

First Middle Last Maiden

Father’s Name: ___________________________ / ___________________________ / ___________________________

First Middle Last

Education: ___8th Grade or Less ___9-12th Grade, No Diploma ___High School Graduate or GED

___ Some College ___ Associate Degree ___ Bachelor’s Degree

___ Master’s Degree ___ Doctorate, Professional ___ Unknown

Were you ever a Peace Officer in the State of Texas? ___yes ___no ___unk

Did you ever serve in the military? ___yes ___no ___unk

If yes, Branch: ______________ Serial # of discharge papers or adjusted service certificate: ______________

Usual (Life-long) Occupation: ___________________________ Business/Industry: ___________________________
Body Donation Questionnaire (2 of 3)

Height: __________ (are you estimating? ___ yes ___ no) Shoe Size: __________

Weight: __________ (are you estimating? ___ yes ___ no) Blood Type: __________

Has your weight changed recently? ____________________________
If you are obese, how long have you been obese? ____________________________

Handedness: _Right _Left Hair Color: __________ (natural) Gender: __________

Ancestry: ___________________________________________________________________

Eye Color: _Blue _Green _Gray _Brown _Hazel _Other

Tattoos: ___Yes ___No If yes, description and location: ___________________________________________________________________

Body Piercings: ___Yes ___No If yes, location: ___________________________________________________________________

Childhood Socio-Economic Status: Lower Lower-Middle Middle Upper-Middle Upper

Adult Socio-Economic Status: Lower Lower-Middle Middle Upper-Middle Upper

Geographic History:

Where did you spend the first 10 years of your life?
City/State ______________________________________ Start Date ________ End Date ________
City/State ______________________________________ Start Date ________ End Date ________
City/State ______________________________________ Start Date ________ End Date ________

Where did you spend the last 20 years of your life?
City/State ______________________________________ Start Date ________ End Date ________
City/State ______________________________________ Start Date ________ End Date ________
City/State ______________________________________ Start Date ________ End Date ________
City/State ______________________________________ Start Date ________ End Date ________

Dental History (Please indicate the year or approximate age for each)
Braces: __________ Bridge: __________ Dentures: __________

Dental Trauma: ___________________________________________________________________

Please describe the above information and any other you feel may be important, including gum disease, tooth restorations, etc.

________________________________________________________________________
Body Donation Questionnaire (3 of 3)

Medical History (please indicate the year or approximate age for each):

Surgery (general): ____________________________

Plastic Surgery (indicate type and location): ____________________________

Fractures: ____________________________

Auto Accidents (traumatic): ____________________________

Cancer (type): ____________________________

Spinal Injuries: ____________________________

Open heart surgery: ____________________________

Amputations: ____________________________

Prosthetics: ____________________________

Diabetes: ___Yes ___No Years? ______ Smoker: ___Yes ___No Years? ______

Alcoholic: ___Yes ___No Years? __ _____ Other (incl. childhood disorders): ____________________________

Medical History Continued: Please describe the above information and any other you feel may be important, including current medications, timing of injuries, the location of the trauma, etc.

______________________________________________________________________________

______________________________________________________________________________

Habitual Activities:

______________________________________________________________________________

______________________________________________________________________________

Next of Kin/Informant Information

Name: ____________________________ Relationship: ____________________________

Address: ____________________________

Phone Number: ____________________________ Email: ____________________________

Please include photographs of yourself along with this questionnaire. If childhood pictures are available please include photos of different ages and indicate age on the back of the photo. Photos may also be emailed. Please also include any health records, x-rays, or other available information.
WILLED BODY FORM

Date

Name of Donor (Please Print)

Address, City, State, Zip, Phone Number

It is my wish that at the time of my death, my body be made available for teaching and scientific purposes to the Anatomical Board of the State of Texas (Board) represented by Texas State University. I understand that the University will pay for transportation of my body so long as it is located with a 100 mile radius of Texas State University at 601 University Drive, San Marcos, Texas 78666.

I understand that the Forensic Anthropology Center reserves the right to decline a body that has been embalmed, or is over 500 lbs. in weight. In addition, I understand that no guarantee exists that my body will be accepted at the time of death. I understand that if I am morbidly obese, have jaundice or a contagious disease (e.g. HIV, Hepatitis, TB, etc.), my body may not be acceptable for the Willed Body Program. If the Willed Body Program is unable to use my body for these or other reasons, my next of kin must make other arrangements for the final disposition of my body. The Willed Body Program is not responsible for any costs associated with other necessary arrangements.

I hereby relinquish all rights and claims regarding my body and direct that by accepting and using my body for teaching and scientific purposes and its subsequent disposition, neither the Board nor Texas State University shall incur any liability and no manner of claim shall arise against the Board or the University.

Complaints or inquiries regarding a willed or donated body should be directed to the secretary-treasurer of the Anatomical Board of the State of Texas. The name and address of this individual may be obtained from the institution to which the body was delivered and is listed in the Texas State telephone directory.

______________________________
Body Donor Signature

______________________________
Witness
Printed Name: ________________________
Address: ______________________________
Phone: _______________________________

______________________________
Witness
Printed Name: ________________________
Address: ______________________________
Phone: _______________________________

______________________________
Signature of Next of Kin
Printed Name: ________________________
Address: ______________________________
Phone: _______________________________

______________________________
Relationship to Donor ________________________
Printed Name: ________________________
Address: ______________________________
Phone: _______________________________
We request that you ask your Next of Kin to designate the Forensic Anthropology Center for charitable donations in your memory at the time of your passing. Giving a contribution in honor of a donation provides an opportunity to celebrate a loved one as well as support our mission.

Thank you for taking the time to fill out this questionnaire. If we can be of further assistance, please feel free to contact us.

Return completed forms to:
F.A.C.T.S.
c/o Sophia Mavroudas
Texas State University
601 University Drive San Marcos, TX 78666
Phone: (512) 245-1900
Fax: (512) 245-6889
Email: FACTS@txstate.edu