



**BODY DONATION INFORMATION
FORENSIC ANTHROPOLOGY CENTER
TEXAS STATE UNIVERSITY - SAN MARCOS**

Thank you for your interest in the Willed Body Donation Program at the Forensic Anthropology Center at Texas State University - San Marcos. 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 with our 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 the decedent is an organ and/or tissue donor, the body may still be donated to our program.
- 3 We reserve the right to decline donations of individuals who have some forms of infectious disease such as HIV, AIDS, tuberculosis, hepatitis, or antibiotic resistant infections such as MRSA, even if contracted after the donation is arranged.
- 4 We will arrange transportation to our facility if the deceased is located within a 200 mile radius of Texas State University - San Marcos, 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.
- 6 A copy of the Release with the Next of Kin signature must be returned along with the Biological Questionnaire before the decedent can be received at FACTS. This may be submitted via email or fax. The original copy of the signature must also be sent in the mail.

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 R. Mavroudas at 512-245-1900 or FACTS@txstate.edu.

RELEASE

The Forensic Anthropology Center at Texas State University – San Marcos has expressed a desire to make use of the remains of _____, Decedent, in its forensic science program, in the manner and for the purpose of enhancing the education of students enrolled at the Texas State University – San Marcos and for other educational and scientific research purposes.

I, _____ (Name), _____ (Relationship) of Decedent, desire to cooperate in furthering such scientific and educational purposes. I am a person authorized under §692.004 of the Texas Health and Safety Code to make the above gift.

THEREFORE, I release the Forensic Anthropology Center at Texas State University and Texas State University – San Marcos, its regents, employees, agents, and officers from any and all claims which I have or may acquire for possession or the right to dispose of and deal with the remains of my deceased _____ (Relationship).

By: _____
Signature

Executed this _____ day of _____, _____.

_____ I permit the 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.

initial

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 _____ / _____ / _____ **Sex:** ___ male ___ female
LAST FIRST MIDDLE (IN FULL)

Race: White Black Hispanic Other _____ **Social Security Number:** ____ - ____ - ____

Date of Birth ____ / ____ / ____ **Place of Birth** (city/state/county) _____

Home Address _____

City _____ **State** _____ **Zip** _____ **Inside San Marcos City Limits:** ___ yes ___ no

Mother's Name (include maiden) _____

Father's Name _____

Height _____ **Weight** _____ (Are you estimating height ___ yes ___ no) (Are you estimating weight: ___ yes ___ no)

Handedness: Right ___ Left ___ **Shoe Size** _____ **Blood Type** _____ **Hair Color** _____ (natural color)

Marital Status: Never Married Married Widowed Divorce Other _____
(Please explain)

Spouse: _____ / _____ / _____
Last (include maiden) First Middle

___ Living ___ Deceased ___ Unknown

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

Highest Education Level (number of years) **Military Service:** yes ___ no ___
Elem/Second (0-12): _____ College (1-4; 5+): _____ Branch: _____

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

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

Usual (life-long) Occupation _____ **Business/Industry** _____

Geographic History (use back or additional sheet of paper if necessary)

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 _____

Body Donation Questionnaire cont. (2 of 3)

Dental History – (please indicate the year or approximate age for each)

Braces: ____ yes ____ no ____ age

Bridge: ____ yes ____ no ____ age

Dentures: ____ yes ____ no ____ age

Dental Trauma: ____ yes ____ no ____ age

Dental History (continued) Please describe the above information and any other you feel may be important, including gum disease, tooth restorations (fillings), etc.

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

○ Surgery (general) _____

○ Plastic Surgery (indicate type and location) _____

○ Fractures _____

○ Auto Accidents (traumatic) _____

○ Cancer (type) _____

○ Spinal Injuries _____

Treatment type? _____

○ Open Heart Surgery _____

○ Smoker ____ yes ____ no If yes, how long? _____

○ Amputations _____

○ Alcoholism ____ yes ____ no

○ Prosthetics _____

○ Other (including childhood disorders) _____

○ Diabetes _____

Medical History (continued) Please describe the above information and any other you feel may be important, including current medications, timing of injuries, the locations of traumatic injuries, etc.

Habitual Activities (i.e., jogging, repetitive motions, etc.)

Body Donation Questionnaire cont. (3 of 3)

Eye Color Blue Green Gray Brown Hazel Other _____

Tattoo(s) Yes No If yes, Description: _____ Location: _____

Body Piercing(s) Yes No If yes, Description: _____ Location: _____

Informant Information

Name _____ Relationship _____

Address _____ Phone Number _____

City _____ State _____ Zip _____

Location of Death (if applicable)

Date of Death _____

Institution/Hospital _____

Address _____

City _____ County _____ State _____ Zip _____

Please include a photograph of the decedent along with this questionnaire, preferably one where the decedent is facing forward and smiling. If childhood pictures are available please include photos of different ages and indicate age on back of photo. Please also include any health records, x-rays, or other information available.

We request that you designate the Forensic Anthropology Center for charitable donations in memory of the decedent. Giving a contribution in honor of the donor 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 R. Mavroudas
Texas State University-San Marcos
601 University Drive San Marcos, Texas 78666
Phone: (512) 245-1900
Fax: (512) 245-6889
Email: FACTS@txstate.edu