



**BODY DONATION INFORMATION
FORENSIC ANTHROPOLOGY CENTER
TEXAS STATE UNIVERSITY**

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 of a loved one by the legal Next of Kin. 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, you can still donate to our program. We ask that no skeletal tissue be donated.
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. All associated costs would be the responsibility of the family/NOK.
6. Donation paperwork must be returned to the FACTS by mail. Acceptance decisions can be made through email or fax.
7. The FACTS Release form must be signed by the legal Next of Kin. If more than one person is the legal Next of Kin (for example both parents are living) all legal Next of Kin must be in agreement to donate.
8. Once the donation paperwork has been reviewed, you will be contact with a decision.

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 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 RELEASE

This is a legally binding document allowing you to donate to the Forensic Anthropology Center at Texas State University

Trauma and advanced research request: Your initials indicate that you 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. The 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.

— Photographs

Photographs will be used to practice and 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.

If available, smiling pictures are best. You may also include various photos (original, digital, reprints, or copies) from 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 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 about the donor 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

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

Was he/she ever a Peace Officer in the State of Texas? yes no unk

Did he/she 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 his/her weight changed recently? _____

If he/she is obese, how long have they 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 he/she spend the first 10 years of life?

City/State _____ Start Date _____ End Date _____

City/State _____ Start Date _____ End Date _____

City/State _____ Start Date _____ End Date _____

Where did he/she spend the last 20 years of 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 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.

We request that you designate the Forensic Anthropology Center for charitable donations in memory of your loved one. Giving a contribution in honor of a donation provides an opportunity to celebrate a loved one as well as support our mission.

Please remember, nothing is cremated or returned to the family. For more information on the types of research we conduct at FACTS please go to our website: <http://www.txstate.edu/anthropology/facts>

Thank you for taking the time to fill out this questionnaire. For the quickest response, please email or fax these forms and signature page to us. All originals will eventually need to be mailed to FACTS. 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