I agree that, upon my death, I wish my body to be offered to the Washington State University Willed Body Program, to be preserved and used in such a manner as the University deems desirable for educational and scientific purposes.

I agree that the University may loan my body or any of its parts to other institutions for purposes of medical teaching and research. Upon completion of use (four years maximum), my body shall be cremated and the cremated remains will be interred at the Greenwood Cemetery in Palouse, Washington, or returned to the family if desired.

I agree that the University may keep any of my body parts indefinitely for continuing teaching or research purposes.

I agree that the University reserves the right to decline my body donation for any reason. The acceptance or declining of a body donation is made at the time of death. I am aware that alternate arrangements should be made in the event my body donation is declined.

I agree to inform my family and physician of my decision to donate my body to the Washington State University Willed Body Program.

**AUTHORIZATION**

I wish to give my body to the Washington State University Willed Body Program immediately after my death to be preserved and used by the University for medical teaching and research.

Print Full Name ____________________________ Date ______________

Donor Signature ____________________________

**REQUIRED: Two witness signatures** (Can be a family member or a friend)

Witness 1: ____________________________ Date ______________

Witness 2: ____________________________ Date ______________

Complete this form, sign, date, and return the original copy to Washington State University at the address above. Before mailing this form make copies for your records, your family, and your physician.
Final Interment Form

WSU Health Sciences Spokane
Willed Body Program
ESFCOM, HSB 320Q
PO Box 1495
Spokane, WA 99210-1495

Donor Name ____________________________________________

Select one of the two options below for the final disposition of the cremated remains by checking the appropriate box. If you select Option 2, please provide the information requested for the legal next of kin.

☐ Option 1
- Bury my cremated remains at the Washington State University Willed Body Program burial site at Greenwood Cemetery, Palouse, Washington. There is no cost to the donor’s estate for Option 1.
- This is a Willed Body Program community gravesite marked by a plaque with the inscription “In dedication to those who have donated their remains for the advancement of medical science and education.”
- If you wish to have your name, date of birth and date of death engraved in the memorial stone, contact Mark Kramer at Kramer’s Funeral Home in Palouse, Washington, (509-878-1221) to make the arrangements. This engraving service is provided at the expense of the family.

☐ Option 2
- Return my cremated remains to the residence of my legal next of kin for private burial by the family (unless instructed differently by your legal next of kin, i.e. spouse, son, daughter, etc.) after your death. Your family will be notified by mail or phone before the cremated remains are sent. The cost of transporting your cremated remains is paid for by the Washington State University Willed Body Program if the destination is within the United States or Canada.
- The final resting place of the cremated remains is determined and paid for by the donor’s family or estate.

Print Name of Legal Next of Kin ____________________________________________

Sign Name of Legal Next of Kin ____________________________________________

Phone number ____________________________

Address ____________________________________________

City ____________________________ State ____________ Zip code ____________

Donor Signature ____________________________ Date ____________
Donor’s name

Date of birth          Height          Weight

Current health problems:


For the following, please list the month and year of any organ removal, transplants, pacemaker, deformities, amputations, etc.

Past health problems:


Surgical history:


Do you have a pacemaker?  Yes _______  No _______

Today’s date _____________________________
Personal and Contact Information Form

WSU Health Sciences Spokane
Willed Body Program
ESFCOM, HSB 320Q
PO Box 1495
Spokane, WA 99210-1495

Full name of donor (print) __________________________________________________________

Date ___________________________ Phone number _________________________________

Email address _________________________________________________________________

Current address _______________________________________________________________

City ___________________________ State _____ Zip __________________________

County of residence ___________________________ Within city limits: Yes ☐ No ☐

Length of time at current residence ________________ U.S. citizen: Yes ☐ No ☐

Date of birth ___________________________ Male ☐ Female ☐

  Month   Day   Year

Place of birth ____________________________________________

  City                 County                 State

Social Security Number ___________________________ U.S. Veteran: Yes ☐ No ☐

Marital status: Single ☐ Married ☐ Widowed ☐ Divorced ☐

Surviving spouse’s name (wife’s maiden name) ______________________________________

  First    Middle    Last

Primary occupation _______________________________________________________________

Type of business/industry _________________________________________________________

Highest level of education/degree _________________________________________________

Ethnicity: White ☐ Black ☐ Asian ☐ Hispanic ☐ Native American ☐ Other _________

Donor’s father’s name ____________________________________________________________

  First    Middle    Last

Donor’s mother’s maiden name ______________________________________________________

  First    Middle    Last
Next of Kin/Executor of Estate Contact Information

Name ____________________________________________

Relationship to donor ____________________________________________

Address ____________________________________________

City ___________________________ State _____ Zip ________________

Phone number(s) ____________________________________________

Email address ____________________________________________

Alternate Contact Information

Name ____________________________________________

Relationship to donor ____________________________________________

Address ____________________________________________

City ___________________________ State _____ Zip ________________

Phone number(s) ____________________________________________

Email address ____________________________________________

➢ Please mail all original forms to:
  Washington State University
  ESFCOM, HSB 320Q
  Willed Body Program
  PO Box 1495, Spokane, WA 99210-1495

➢ Make photocopies for your records, your family, and your physician
➢ If you have additional questions, please call 509-368-6600