



WASHINGTON STATE UNIVERSITY
Elson S. Floyd
College of Medicine

Willed Body Program
 WSU Elson S. Floyd College of Medicine
 412 E. Spokane Falls Blvd., PBS 230
 Spokane, WA 99202-2131
 Office: (509) 368-6600
 Email: wsu.willedbody@wsu.edu
 Website: medicine.wsu.edu/give/willed-body-program

ANATOMICAL GIFT FORM

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 purposes.

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

I agree that the university may keep any of my body parts indefinitely for continuing educational 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.

Full Name of Donor (*Print*)

Donor Signature

Date

REQUIRED: Two witness signatures – can be a family member or a friend

Witness 1

Date

Witness 2

Date

FINAL DISPOSITION FORM

Full Name of Donor (*Print*)

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.

Full Name of Legal Next of Kin (*Print*)

Signature of Legal Next of Kin

Phone Number

Address

City

State

Zip Code

Donor Signature

Date

MEDICAL HISTORY FORM

Full Name of Donor (*Print*)

Today's Date

Date of Birth (*MM/DD/YYYY*)

Height

Weight

Current Health Problems

For the following, please list *month and year* of any organ removal, transplant, pacemaker, amputation, etc.

Past Health Problems

Surgical History

Have you had a hysterectomy?

Yes

No

Do you have a pacemaker?

Yes

No

PERSONAL AND CONTACT INFORMATION FORM

Full Name of Donor (*Print*) _____ Today's Date _____

Phone Number _____ Email _____

Current Address _____

City _____ State _____ Zip Code _____

County of Residence _____ Within City Limits: Yes No

Length of Time at Current Residence _____ US Citizen: Yes No

Date of Birth (*MM/DD/YYYY*) _____ Male Female

Place of Birth (*City, State, Country*) _____

US Veteran: Yes No

Marital Status: Single Married Widowed Divorced

Surviving Spouse's Maiden Name (*First, Middle, Last*) _____

Primary Occupation Prior to Retirement _____

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 INFORMATION

Next of Kin/Executor of Estate

Name

Relationship to Donor

Address

City

State

Zip Code

Phone Number(s)

Email

Alternate Contact *(optional)*

Name

Relationship to Donor

Address

City

State

Zip Code

Phone Number(s)

Email

Print completed form and mail to:

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