

Registration Documents
Please read carefully before completing forms.

Donor Informed Consent Willied Body Release:

1. Please make sure you complete the **Registration Card** below in its entirety.
 - This information is necessary for death certificate processing. Your social security number is critical to your identity and will not be released to anyone, for any reason.
2. On the form titled **Self Donation Authorization** and **Self Cremation Authorization**, please be very careful to follow the instructions below:
 - Sign and print your name and the date signed. No one else can sign on your behalf.
 - Print your complete mailing address and telephone number, with area code.
 - Be sure to obtain two (2) witness signatures on the *Donation Authorization*. Only one (1) witness is required on the *Cremation Authorization*.
 - On the *Cremation Authorization*, check your cremation choice of with or without remains.
 - Note that your witness(es) must sign/date the form the same day that you sign/date the form.
 - Keep the yellow copy of the form for your records.
3. Return both the **Registration Card**, **Self Donation Authorization**, and **Self Cremation Authorization** to Science Care with the return envelope provided.

Following Registration:

1. Once the completed registration card and consents have been received, Science Care will issue personalized identification cards to you.
 - Please inform your loved ones of your wishes to aid in the donation process.
 - You will receive three (3) identification cards. Please carry one with you and make the others easily available to your loved ones.

Registration Card

(Please detach this portion and return to Science Care with Consent Forms)

Full Name _____ Date of Birth: ____ - ____ - ____
(as appears on social security card)

Address (street, city, state, and zip): _____

City and State of Birth: _____ Social Security Number: ____ - ____ - ____

Mother's Full **Maiden** Name: _____

Father's Full Name: _____

Marital Status (please circle one) Married Never Married Widowed Divorced Ethnicity: _____

Highest Grade Level Completed: _____ Occupation: _____ Veteran: Yes? No?

Next of Kin Name: _____ Next of Kin Phone Number: _____

Next of Kin Address: _____



Self Cremation Authorization

I, _____, hereby authorize *Science Care* to cremate the remains of my body as governed by the disclosures listed in this document. I authorize the cremation of my body following donation as indicated below:

(choose one)

Cremation **with** the return of cremated remains **and** wish for my cremated remains to be returned to my legal next of kin or designee after death. If no legal next of kin or designee can be located at the time of donation, I designate *Science Care* to dispose of my remains subject to local, state, or federal law.

OR

Cremation **without** the return of cremated remains **and** designate *Science Care* or its assignee to dispose of my remains subject to local, state, or federal law.

1. I understand that cremation of my body is necessary and mandatory as part of the donation process and that under no circumstances will un-cremated remains be returned to my estate or next of kin.
2. I understand that cremated remains do not include tissues that have been recovered for medical research or educational purposes.
3. I understand that *Science Care* or its assignee may arrange for the final disposition of such tissues in any manner, subject to local, state, or federal law.
4. I understand that due to the nature of the cremation process any material, including dental gold, will either be destroyed or not be recoverable.
5. I understand that my next of kin may remove or request the removal of any personal affects accompanying the body at the time of this gift. In the absence thereof, I understand that such personal affects will destroyed if uncollected prior to donation or if no next of kin could be located.
6. I understand that mechanical devices implanted in my body prior to death may create a hazardous condition during the cremation procedures and must be identified and possibly removed prior to the commencement of cremation.
7. I agree to release from liability the Crematory, its affiliates, and their agents and employees, against loss from any and all claims, demands, or damages which may be made by or declared against it or them (except for willful or intentional misconduct), or by reason of my failure to timely disclose the existence of such an implanted device(s) or personal affects.
8. I understand that cremated remains are bone fragments that will be placed in a rigid container designed for short term use and for shipment.
9. I understand that every effort will be made to avoid inadvertent or incidental commingling of minute particles of cremated remains from the residue of previous cremations. However, inadvertent or incidental commingling is a possibility, and I accept this fact.
10. ***I hereby verify my understanding of all listed disclosures with adequate time for consideration and all questions having been answered.***

<input checked="" type="checkbox"/>	_____	_____	_____
Donor's Signature	Donor's Printed Name	Date Signed	
Address:	_____		Phone: _____
City:	_____	State: _____	Zip Code: _____

The undersigned acknowledge that the donor either: (1) signed this document; or (2) requested another to sign it for him/her since he/she was unable to do so. If signed by another person, I certify that I signed it at the donor's request and in his/her presence and the presence of each other. The donor's acts in signing this document or directing another to sign for him/her appeared to me to be his/her free and voluntary act.

<input checked="" type="checkbox"/>	_____	_____	_____
Witness Signature	Witness Printed Name	Date Signed	



Self Donation Authorization

I, _____, being greater than 18 years of age, authorize the donation of my body to *Science Care* as governed by the disclosures listed in this document and as indicated below:

1. I understand that I may revoke or amend this gift prior to my death.
2. I understand that my legal next of kin or my estate will not be charged for the costs related to this donation.
3. I confirm that this gift is being made voluntarily without any obligation of any kind on the part of *Science Care*.
4. I understand that this donated gift may be used for multiple educational, scientific and/or medical research purposes.
5. I understand that the donation of this gift may require embalming, the surgical removal of the arms, legs, head, spine and other tissues from my body, and such donated gifts will not include use for general public display.
6. I understand this gift may be used for the purposes stated above both domestically and internationally.
7. I understand this gift, as represented to me by *Science Care* will be treated with respect and dignity within the confines of the stated use and will not be used for any other purpose than stated above.
8. I understand that consenting to this gift does not guarantee any outcomes or assure the release of information pertaining to any outcomes from educational or medical uses or research performed with this gift. I also understand that my estate or my legal next of kin will not be entitled to reward or compensation as a result of donating this gift or outcomes of its use.
9. I understand this donated gift will be transported to a *Science Care* facility.
10. I understand that an open viewing during funeral/memorial service will not be possible upon donation of this gift.
11. I understand blood specimens will be tested for certain communicable diseases including, but not limited to HIV (AIDS) and Hepatitis B & C and that *Science Care* is required to comply with all state laws regarding reporting of communicable diseases.
12. I authorize the release of all my medical information such as hospital records, physician records, and autopsy reports to *Science Care* to determine medical suitability of this donation.
13. I understand that all health protected information collected by *Science Care* as defined by the Health Insurance Portability and Accountability Act (HIPAA) will be coded to maintain anonymity and confidentiality. *Science Care* must adhere to all applicable confidentiality laws.
14. I understand that remains of a donated gift to *Science Care*, used for the purposes stated above, can not be returned in cremated form or otherwise.
15. I understand that *Science Care* is a for-profit company that partners with both for-profit and non-profit entities for medical educational & research purposes.
16. I understand that *Science Care* operates in accordance with applicable of the Standards of the American Association of Tissue Banks (AATB) and the AATB's published ethical guidelines, as well as all state and federal laws.
17. I understand that it is my responsibility to notify my legal next of kin or personal representative of my decision to donate my body to *Science Care* and their right to provide written request for my cremated remains. I understand that *Science Care* can not be held liable for my failure to notify family or others of my decision.
18. ***I hereby verify my understanding of all listed disclosures with adequate time for consideration and all questions having been answered.***

X		
Donor's Signature	Donor's Printed Name	Date Signed

Address:		Phone:	
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City:	State:		Zip Code:
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The undersigned acknowledge that the donor either: (1) signed this document; or (2) requested another to sign it for him/her since he/she was unable to do so. If signed by another person, I certify that I signed it at the donor's request and in his/her presence and the presence of each other. The donor's acts in signing this document or directing another to sign for him/her appeared to me to be his/her free and voluntary act.

X		
Witness Signature	Witness Printed Name	Date Signed

X		
Witness Signature	Witness Printed Name	Date Signed