



Center for Anatomical Sciences  
The Willed Body Program

Thank you so much for inquiring into our Willed Body Program. Your desire to further medical education by donating to medical science is admirable.

There are 5 pages in the 3<sup>rd</sup> Party Packet for you to review and complete. The information is straight forward. **You need only to return pages one (1), three (3), four (4) and five (5), after you have made copies for yourself.**

Should you have any questions, please feel free to contact us at 817-735-2043. Our office hours are from 8:00 a.m. to 5:00 p.m., Monday through Friday.

Sincerely,

Robin Belcher  
Director, Anatomical Services

3500 Camp Bowie Blvd.  
Fort Worth, TX 76107



**INFORMATION AND INSTRUCTIONS FOR INDIVIDUALS  
WISHING TO WILL THEIR BODIES TO THE  
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER AT FORT WORTH**

The Texas laws allow a person of legal age to will his/her body for the advancement of medical science by signing a statement to that effect. The document requires the donor's signature and the signatures of two witnesses of legal age. No administrator, executor or formal Will is necessary.

The University of North Texas Health Science Center at Fort Worth is one of the member schools designated by the Anatomical Board of the State of Texas to receive willed bodies.

Enclosed are the forms to be completed. One copy of the Willed Body form should be signed and dated in the presence of the two witnesses that also sign the documents. Please include your full name (no initials) and if applicable, include your maiden name. While you are not legally required to inform your relatives of your donation, we urge you to do so to prevent any misunderstandings in the future.

One copy of the Willed Body Form and the Information for Death Certificate Form should be sent to:

**UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER AT FORT WORTH**

**Center for Anatomical Sciences**

**3500 Camp Bowie Boulevard**

**Fort Worth, Texas 76107**

**Telephone 817-735-2043 / 817-735-2047 FAX (817) 735-2126**

**(If no answer after business hours and holidays, please call (817) 735-2210)**

Retain the other copy of the Willed Body form for the purpose of informing either: family, friends, attorney, physician, minister or other authorized persons.

Upon receiving the completed Willed Body Form, the University will return to the donor a wallet-sized card as acknowledgment. The donor should sign this card upon its receipt and carry it upon his/her person at all times.

When death occurs, the hospital or nursing staff in charge of the body, or the family should notify the University of North Texas Health Science Center at Fort Worth, by calling the Center for Anatomical Sciences, at 817-735-2043 / 817-735-2047 (M-F, 8 am to 5 pm) or the Campus Police Department at (817) 735-2210 (after hours and holidays). Upon receiving notification, the University will make the necessary arrangements for receipt of the body. The following conditions and arrangements are to be met:

- 1. The institution receiving the body will bear the expenses for preparation of the body including embalming.**
- 2. The institution will bear the transportation cost within Tarrant County. If the deceased is located beyond Tarrant County, transportation costs will be borne by the estate of the deceased. The body must be transported by the mortician service designated by the institution.**
- 3. The policy of the receiving institution does not allow it to receive willed bodies that have been autopsied, a body that has tuberculosis, syphilis, AIDS, chronic infection, or any other communicable disease as determined by a physician.**
- 4. The institution must be notified within 6 hours of death or the institution will be unable to accept the donation.**
- 5. The policy of the receiving institution is to cremate all bodies before final disposition. The receiving institution (UNTHSC) will charge a cremation fee of \$225.**

## DONATION OF BODY TO MEDICAL SCIENCE / 3<sup>rd</sup> Party

I, \_\_\_\_\_, acting as donor, am the \_\_\_\_\_ (relationship to deceased) of said \_\_\_\_\_ (deceased's name), do hereby give and grant the body of my beloved \_\_\_\_\_ to the Anatomical Board of the State of Texas for medical teaching and research purposes. I authorize the delivery of the body of \_\_\_\_\_ into the hands of UNTHSC at Fort Worth (medical school). I do hereby relinquish all rights and claims to the body of \_\_\_\_\_ and do grant unto the said medical school full rights to use said body for medical teaching research purposes and ultimately to dispose of the body. In accepting and using this body for the prescribed purposes, and in disposing of the body, UNT Health Science Center at Fort Worth shall incur no liability and no claim shall arise against that institution in any matter. **I fully understand and agree that the scientific research, and educational use of my beloved, may involve an extended period of time to complete, usually two years, but SOMETIMES MORE THAN TWO YEARS IN DURATION. I understand that the medical school reserves the right to not accept the donation at the time of death. The policy of the medical school does not allow it to receive willed bodies that have been autopsied, or committed suicide, or a body that has tuberculosis, syphilis, AIDS or other infectious diseases as determined by a physician.** The medical school will bear the transportation cost within Tarrant County. If the deceased is located beyond Tarrant County, transportation costs will be borne by the estate of the deceased. The medical school must receive the body within 6 hours of death or the medical school will be unable to accept the donation. I acknowledge that the policy of the medical school is to cremate all bodies before final disposition. In addition, the receiving institution will charge a cremation fee of \$225.00.

**PLEASE CHECK ONE:**

**I DO NOT** wish to have my cremains returned: **CHECK OPTION 1, 2 OR 3**

- (1)  **Place in the UNTHSC burial crypt at an area cemetery**
- (2)  **Veterans can be placed at The DFW National Cemetery**
- (3)  **Cremated remains can be scattered/or entombed at sea.**

**Please ask for details for Independent arrangements with a designated burial at sea company.**

**I WISH** to have cremains returned to:

\_\_\_\_\_  
Name of Recipient Area Code and Telephone Number

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Relationship to Deceased Email Address

**WITNESS my hand this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_.**

\_\_\_\_\_  
**Signature of Donor** Street Address

\_\_\_\_\_  
Area Code and Telephone Number City, State and Zip Code

I, the undersigned witness, hereby certify that I am over 18 years of age on this date and that I have witnessed the signature of the donor above.

**WITNESS 1:**

**WITNESS 2:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City and State

\_\_\_\_\_  
City and State

## **CREMATION AGREEMENT**

***In compliance with Texas Administrative Code §479.4, UNTHSCFW will agree to return or final disposition of the available cremated human remains of an individual person ONLY under the conditions presented in this agreement.***

When a body is donated to science in the state of Texas, it reaches its permanent and final legal destination when it arrives at the institution to which it is donated. In this case, the institution is The University of North Texas Health Science Center, Fort Worth (UNTHSCFW). The relevant statute is contained in the Health and Safety Codes of The State of Texas, §691. A body that is donated to science at UNTHSCFW may be used in health education, research or both. In the process of education and/or research, parts of the body may be completely destroyed, or they may be kept for teaching purposes. These parts will **NOT** be available for cremation.

Cremation is a non-reversible process in which human remains are burned in a gas flame at a temperature of about 1800°F. At this temperature, all soft parts of the body vaporize and only burned bone remains. The pieces of burned bone are removed and processed to resemble ash or sand. These processed cremated human remains become the “ashes” which can then be returned if requested.

If the cremated remains are **NOT** to be returned to the legal next of kin or a designated individual, UNTHSCFW will attend to final disposition of the remains.

Before the remains of an individual human are further processed, the cremator is cleaned thoroughly before cremation. The available remains of only one human body is cremated at a time. After the cremation, the machine is thoroughly cleaned and the cremated remains are processed for return or internment.

In order to provide the cremation services associated with the return or internment of available cremated human remains of an individual, a fee of \$225.00 is charged.

Your signature indicates you have read and understand the conditions that UNTHSCFW places upon agreeing to return the available cremated remains of a human donor to whom you designate. It also indicates that you, or your designated next-of-kin or Power of Attorney, will hold harmless the university and its employees in this process.

**CREMATION AGREEMENT  
FINAL DISPOSITION OF REMAINS**

I understand, along with my next-of-kin or power of attorney, these conditions and that I have the option of all of my available cremated remains to be returned or remain in the custody of the UNTHSCFW Center for Anatomical Sciences for final disposition.

I understand that in fulfilling the purpose of donating a body to science that parts of the body may have been completely destroyed or they may have been kept for teaching purposes.

I will hold harmless The University of North Texas Health Science Center at Fort Worth and employees of The University of North Texas Health Science Center at Fort Worth in this process.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**INFORMATION FOR DEATH CERTIFICATE**

PLEASE PRINT

Donor's Full Name (no initials, please):

\_\_\_\_\_

Last	First	Middle	Maiden
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Social Security Number: \_\_\_\_\_ Sex:  Male  Female

Race: \_\_\_\_\_ If of Spanish origin, please specify Mexican, Cuban, etc: \_\_\_\_\_

Citizen of What Country: \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Birthplace: City \_\_\_\_\_ State: \_\_\_\_\_ or Foreign Country

Current Address: \_\_\_\_\_

Inside City Limits?  Yes  No County of Residence: \_\_\_\_\_ Telephone# \_\_\_\_\_

Education indicate number of years completed:

High School (0-12) \_\_\_\_\_ College (1-4) \_\_\_\_\_ Postgraduate \_\_\_\_\_

Your usual occupation (indicate type of work done during most of your working life (do not use "retired")):

\_\_\_\_\_ Type of Business/Industry \_\_\_\_\_

Have you ever served in the U.S. Armed Forces?  Yes  No. Branch of Service: \_\_\_\_\_

Serial Number of discharge papers or adjusted service certificate/Service number: \_\_\_\_\_

Marital Status / Please Check One:  Never Married,  Married,  Widowed,  Divorced.

Spouse's Full Name: \_\_\_\_\_

Last First Middle Maiden

Father's Full Name: (Even if Deceased)

\_\_\_\_\_

Last	First	Middle	
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Mother's Full Name: (Even if Deceased and please include MAIDEN Name)

\_\_\_\_\_

Last	First	Middle	Maiden
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Person Designated to Represent Your Affairs After Death: Telephone# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip Code



TRF.1.016

1010 West Rosedale Street  
Fort Worth, Texas 76104  
(817) 927-2020 Office  
(817) 927-2024 Fax

Procedural Form

Form Name: <b>Tissue Authorization Form</b> Department/Area: <b>Tissue Recovery</b>	Edition Date:	4/19/2017
	Version:	9
	Implementation Date:	4/26/2017

Next of Kin Information (NOK)

NOK Legal Name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
NOK Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ Suite/Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

do you hereby certify that you are the:

Spouse                                       Parent                                       Healthcare Agent/Medical Power of Attorney  
 Adult child                                       Adult brother or sister                                       Other: \_\_\_\_\_

and the nearest surviving relative of: \_\_\_\_\_ (donor)  
born on: \_\_\_\_/\_\_\_\_/\_\_\_\_ (donor's DOB)?  Yes  No

Anatomical Gifts

As the nearest surviving relative, do you hereby donate the following tissue(s) in accordance with the Texas Anatomical Gift Act?:

Whole Eyes (cornea and sclera):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bone and soft tissue: Upper extremities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Corneas:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bone and soft tissue: Lower body	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Disclosure To Ensure Informed Legal Consent

This donated tissue is considered a gift. As such, you will not be charged, nor will you or the estate receive any monetary compensation. Your permission authorizes qualified staff of Fort Worth Eye Bank (FWEB) to coordinate and perform the surgical procedure(s) necessary for the recovery and distribution of this gift. The FWEB is a not-for-profit organization. Other organizations (non-profit and/or for-profit) may be involved in the facilitation of this gift which may include international distribution. Additionally, your permission authorizes the release of all protected health information including, but not limited to, medical examiner/pathology reports, toxicology screening, transmissible disease testing, and photographs or other imaging. Removal and archiving of blood and tissue samples are required for the purpose of further testing necessary to determine donor eligibility. As required, FWEB shall report any adverse test results to local health authorities. If necessary, FWEB or its designee may need to transport his/her body to another facility for recovery.

Do you authorize permission for this gift to be donated for transplant intent?  Yes  No

Our first priority is to transplant suitable tissues, however, in the event that this gift is not suitable for transplant, do you wish to grant permission for research, therapy, and education?  Yes  No

FWEB Information

My name is \_\_\_\_\_ and I represent the Fort Worth Eye Bank. Has all of the information been clearly explained and have all of your questions been answered in a satisfactory manner?  Yes  No

For further information you may contact the Fort Worth Eye Bank at (817) 927-2020.

Do you wish to receive a thank you note?  Yes  No

Coordinator Signature: \_\_\_\_\_ Date/Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_

Digitally recorded telephonic authorization

Donor # \_\_\_\_\_