



NATIONAL BODY DONOR PROGRAM

National Body Donor Program, Inc. • A Not-For-Profit 501 (c) (3) Corporation
P.O. BOX 775039 • ST. LOUIS, MO 63177 • PHONE (314) 241-NBDP [6237]
TOLL-FREE 866-382-NBDP [6237] • FAX (314) 241-8855
www.NationalBody.org

DONATION FORM

I, _____ (full name of donor) _____ - _____ - _____ (Social Security Number)

being a person of at least 18 years of age, born on _____, 19_____ do hereby make this anatomical gift of my entire body upon my death to the National Body Donor Program, St. Louis, Missouri, for educational, scientific, or such related uses as the authorized personnel of the National Body Donor Program shall in their sole discretion deem proper. I hereby direct that my body, un-embalmed and un-autopsied, be delivered to said National Body Donor Program, St. Louis, Missouri, as soon after death as possible. I further authorize National Body Donor Program, its agents and/or employees, if, in the sole discretion of NBDP, embalming, or profuseing of my body is necessary, that they are authorized to do so. Furthermore, upon completion of any and all studies, they may also, if in their sole discretion deemed necessary, cremate any unused tissue, or my body after scientific and educational work has been done. **I further understand that the board of directors of National Body Donor Program, Inc. retains the right of refusal for this anatomical donation as deemed necessary; I also understand that due to class schedules the ashes may not be available for up to 36 months from the date of death** _____ (initial)

Signature of Donor _____ Date _____

Gift of Body by Next-of-Kin Or Other Authorized Person

I, _____ (next-of-kin) being a person of at least 18 years of age, born _____, 19_____, do hereby make this anatomical gift of the entire, un-autopsied body of _____ (decedent) who died on _____ (date of death) in _____ (City) _____ (County), _____ (State) to the

National Body Donor Program, St. Louis, MO for educational, scientific or such related purposes as the authorized persons of the National Body Donor Program shall in their sole discretion deem proper. I further authorize National Body Donor Program, its agents and/or employees, if, in the sole discretion of NBDP, embalming, or profuseing of decedent's body is necessary, that they are authorized to do so. Furthermore, upon completion of any and all studies, they may also, if in their sole discretion deemed necessary, cremate any unused tissue, or decedent after scientific and educational work has been done.

I further understand that the board of directors of National Body Donor Program, Inc. retains the right of refusal for this anatomical donation as deemed necessary; I also understand that due to class schedules the ashes may not be available for up to 36 months from the date of death _____ (initial)

I am: (relationship to decedent) The Spouse An adult son or daughter A parent Adult sibling Other _____

At this time there are no persons in prior classes, in order of priority as listed above, available to make a decision as to disposition, and I have no knowledge of contrary indications by the decedent of any opposition by a member of the same or prior class.

Signature _____ Date _____

Disposition of Cremated Remains

Return to person listed _____ (Initial) Name _____
OR
 Dignified disposition by NBDP _____ (Initial) Address _____

Phone _____

Witness

The undersigned, being persons of at least 18 years of age, acknowledge and certify to the fact that they witnessed the execution of this donation.

Witness's Full Name _____

Signature _____

Address _____ Date _____

At the time of death, please instruct the funeral home to call the National Body Donor Program, (314) 241-6237 to arrange for the transfer.

Make necessary copies of this form and send this original completed form to accompany the body of the deceased to :

National Body Donor Program, Inc., P.O. Box 775039, St. Louis, MO 63177, (314) 241-6237.

A copy of the death certificate must also be sent to the National Body Donor Program.

DONOR PROFILE

Name _____
Full legal name: i.e. William not "Bill" Include Sr., Jr. III if applicable

SS# _____ - _____ - _____ Veteran of US Armed Service: Yes No Branch _____

Date of Birth _____ Location of Birth (City) _____ (State) _____

Marital Status: Never Married Married Divorced Widowed Legally Separated

If married, spouse's name _____ Maiden Name _____

Usual Occupation _____
(Describe kind of work done during most of life. DO NOT use "retired.")

Type of Company: *(not the name of the company)* _____

Address of deceased: _____

City _____ County _____

State _____ Zip _____ Is this address in the City Limits? Yes No

Race *(American Indian, Black, White, etc.)* _____

Was decedent of hispanic origin? Yes No If yes, please specify _____

Education Level: 1-8 9-11 12 or GED Some College Associate Bachelor Masters Doctorate

Mother's Name _____ (Maiden) _____

Father's Name _____

Informant's Name _____ Relation _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____

Cell Phone _____ Fax _____