Thank you for your interest in the Willed Body Donation Program at the Complex for Forensic Anthropology Research at Southern Illinois University-Carbondale. Enclosed you will find all the forms necessary for donation. Body donation is an extremely generous gift after death. We would like for you to be familiar with our policies prior to completion of paperwork.

1.) We do not return remains to the family. The skeletal remains are held in permanent curation and are a very important component to our research and teaching program.

2.) If the decedent is an organ and/or tissue donor, the body may still be donated to our program.

3.) We reserve the right to decline donations of individuals who have some forms of infectious disease such as HIV/AIDS, tuberculosis, hepatitis, or antibiotic resistant infections such as MRSA, even if contracted after the donation is arranged.

4.) The donor or donor’s family must make arrangements for the transportation of the body to our facility. We will not accept donations transported by family members of the deceased.

5.) A copy of the Release with the Next of Kin signature must be returned along with the Biological Questionnaire before the decedent can be received at CFAR. This may be submitted via fax or email. The original copy of the signature must also be sent in the mail.

If you have any questions or concerns that have not been addressed in this letter, please feel free to contact the Director of the Complex for Forensic Anthropology Research at 618-453-3298 or cfar@siu.edu.
RELEASE

The Complex for Forensic Anthropology Research at Southern Illinois University-Carbondale has expressed a desire to make use of the remains of ____________________________, Decedent, in its forensic science program, in the manner and for the purpose of enhancing the education of students enrolled at Southern Illinois University-Carbondale and for other educational and scientific research purposes.

I, ___________________________ (Name), ___________________________ (Relationship) of Decedent, desire to cooperate in furthering such scientific and educational purposes. I am a person authorized under the Anatomical Gift Act of Illinois to make the above gift.

THEREFORE, I release the Complex for Forensic Anthropology Research at Southern Illinois University-Carbondale and Southern Illinois University-Carbondale, its regents, trustees, employees, agents, and officers from any and all claims which I have or may acquire for possession or the right to dispose of and deal with the remains of my deceased ___________________________ (Relationship).

By: ___________________________

Signature

Executed this _________ day of _____________, _______.

______ I permit the remains to be used for trauma and other advanced research that benefits the biomedical, medicolegal, and anthropological communities. Research of this type will help increase our knowledge of the processes of trauma, which will allow us to better interpret trauma in medicolegal death investigations and to work towards prevention in living people.
Body Donation Questionnaire (1 of 3)

Please complete the following information by filling in the blank and/or circling an option. If you need more space, additional sheets may be attached. All of the information will be considered confidential.

Full Legal Name_________________/_________________/________________________
Sex: ___male ___female
Race: ○White ○Black ○Hispanic ○Other____________________________
Social Security Number: ____-____-_____
Date of Birth_____/_____/______ Place of Birth (city/state/county) ________________________________
Home Address_____________________________________________________________________________________
City________________________ State__________ Zip________ Inside Carbondale city limits: ___yes ___no
Mother’s Name (include maiden) ______________________________________________________
Father’s Name_____________________________________________________________________________________
Height____ Weight_____ (height estimated? ___yes ___no) (weight estimated? ___yes ___no)
Handedness: Right___ Left___ Shoe Size____ Blood Type____ Hair Color_____________________ (natural color)
Marital Status: ○ Never Married ○ Married/Partnered ○ Widowed ○ Divorce ○ Other_______________________
Spouse/Partner: _______________________/___ _______________________/________________________
_________________________________________ First ______________ Middle
_____Living ___ Deceased ___ Unknown
Number of Children: __________ Number of full term pregnancies: __________

Highest Education Level (number of years) Elem/Second (0-12):______ College (1-4; 5+):______
Military Service: yes___ no____ Branch: __________________________

Childhood Socio-Economic Status: ○ Lower ○ Lower-Middle ○ Middle ○ Upper-Middle ○ Upper
Adult Socio-Economic Status: ○ Lower ○ Lower-Middle ○ Middle ○ Upper-Middle ○ Upper
Usual (life-long) Occupation________________________________

Business/Industry________________________________

Geographic History (use back or additional sheet of paper if necessary)
Where did you spend the first 10 years of your life?
City __________________ State ____ Start Date _______ End Date __________
City __________________ State ____ Start Date _______ End Date __________
City __________________ State ____ Start Date _______ End Date __________

Where did you spend the last 20 years of your life?
City __________________ State ____ Start Date _______ End Date __________
City __________________ State ____ Start Date _______ End Date __________
City __________________ State ____ Start Date _______ End Date __________
City __________________ State ____ Start Date _______ End Date __________
Body Donation Questionnaire cont. (2 of 3)

Dental History – (please indicate the year or approximate age for each)
Braces: _____ yes _____no __________age
Bridge: ______yes _____no ______age
Dentures:______yes_____no__________age
Dental Trauma: _____yes _____no _____age

Dental History (continued) Please describe the above information and any other you feel may be important, including gum disease, tooth restorations (fillings), etc.
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Medical History (please indicate the year or approximate or age for each)
○ Surgery (general)  ○ Plastic Surgery (indicate type and location)
○ Fractures
○ Auto Accidents (traumatic) ___________  ○ Cancer (type)
○ Spinal Injuries ________________________  Treatment type?
○ Open Heart Surgery ____________________  ○ Smoker _yes ___ no If yes, how long?
○ Amputations ______________________________  ○ Alcoholism _yes _no
○ Prosthetics ______________________________  ○ Other (including childhood disorders)
○ Diabetes _________________________________

Medical History (continued) Please describe the above information and any other you feel may be important, including current medications, timing of injuries, the locations of traumatic injuries, etc.
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Habitual Activities (i.e., jogging, repetitive motions, etc.)
Body Donation Questionnaire cont. (3 of 3)

Eye Color  ○ Blue ○ Green ○ Gray ○ Brown ○ Hazel ○ Other ________  Location: __________________________

Tattoo(s)  ○ Yes ○ No If yes, Description: __________________________ Location: __________________________

Body Piercing(s)  ○ Yes ○ No If yes, Description: __________________________ Location: __________________________

Informant Information

Name __________________________ Relationship __________________________
Address __________________________ Phone Number __________________________
City __________________________ State ________ Zip __________________________

Location of Death (if applicable)  Date of Death __________________________
Institution/Hospital __________________________
Address __________________________
City __________________________ County ________ State ________ Zip ______

Please include a photograph of the decedent along with this questionnaire, preferably one where the decedent is facing forward and smiling. If childhood pictures are available please include photos of different ages and indicate age on back of photo. Please also include any health records, x-rays, or other information available.

We request that you designate the Complex for Forensic Anthropology Research for charitable donations in memory of the decedent. Giving a contribution in honor of the donor provides an opportunity to celebrate a loved one as well as support our mission.

Thank you for taking the time to fill out this questionnaire. If we can be of further assistance, please feel free to contact us.

Return completed forms to:

Complex for Forensic Anthropology Research  
c/o Gretchen R. Dabbs  
Southern Illinois University-Carbondale  
1000 Faner Dr.  
Mail Code 4502  
Carbondale, IL 62901  
Phone: (618) 453-3298  
Fax: (618) 453-5037  
Email: CFAR@siu.edu