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.) All donors must be fully vaccinated against Covid-19 at the time of death or provide a negative Covid test taken within 24 hours before death.

5.) 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.

6.) 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 gdabbs@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, meeting the criteria of category ________, listed below.

FURTHER, I certify that to a reasonable degree of certainty, no individual exists who fulfills a criteria higher on the list than my stated relationship.

1.) An individual holding the decedent’s health care power-of-attorney;
2.) The guardian of the person of the decedent;
3.) The spouse or civil union partner of the decedent;
4.) An adult child of the decedent;
5.) A parent of the decedent;
6.) An adult sibling of the decedent;
7.) An adult grandchild of the decedent;
8.) An adult grandparent of the decedent;
9.) A close friend of the decedent;
10.) The guardian of the estate of the decedent;
11.) Any other person authorized or under legal obligation to dispose of the body of the decedent.

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 for the decedent. If you need more space, additional sheets may be attached. All of the information is considered confidential. If unknown, please leave blank. If estimated, please note.

Decedent’s 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: __________________________________________/ / __________________________

Last (include maiden) 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 decedent spend the first 10 years of 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)

Where did decedent spend the last 20 years of 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 ___________

Dental History – (please indicate the year or approximate age for each)
Braces: _____ yes _____ no ______ age  
Dentures: ______yes____no______age
Bridge: _____yes_____ no _____ age  
Dental Trauma: _____yes_____no____ age

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 ________

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: gdabbs@siu.edu