



# Experience Anatomy FOUNDATION

## WHOLE BODY RELEASE FORM

The EA Foundation is dedicated to serving families who are interested in contributing to the enhancement of medical treatments and provider education. Return completed forms to **donate@anatomyfoundation.org**. If death has occurred, contact 704.584.9004 immediately.

### Donor Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Living Donor Email: \_\_\_\_\_

Donor SSN: \_\_\_\_\_ County and State of Donor's Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: ☐Single ☐Married ☐Divorced ☐Widowed

Name of Surviving Spouse (if applicable): \_\_\_\_\_

Spouse Phone: \_\_\_\_\_ Spouse Email: \_\_\_\_\_

Education Level: \_\_\_\_\_ Donor Occupation: \_\_\_\_\_

Served in Armed Forces: ☐Yes ☐No Branch: \_\_\_\_\_ United States Citizen: ☐Yes ☐No

### Donor Parents Information

Father's Name: \_\_\_\_\_ Mother's Name (include Maiden): \_\_\_\_\_

### Informant or Next-of-Kin

Full Name: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you interested in additional funerary arrangements: ☐Yes ☐No

*Continued on back*



## Designation of Ashes

I direct that my ashes be returned to one of the individuals listed below with priority given according to the order in which they are listed. Only those individuals listed below will be allowed to receive ashes. Distribution by the Experience Anatomy Foundation to individuals other than those named by the donor will require a lawful court order.

\_\_\_\_\_ Spouse (as listed above) \_\_\_\_\_ Informant or Next-of-Kin (as listed above)

Other Recipient Name: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Recipient Name: \_\_\_\_\_ Relationship to Donor: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**OR** \_\_\_\_\_ Ashes scattered at sea (I direct that my ashes will be scattered at sea consistent with G.S. 90-210.120. et seq.)

## Donation Terms

I hereby make this anatomical gift to take effect upon my death. I understand that by this gift, I donate the remains of my body to the Experience Anatomy Foundation for anatomical study in the advancement of health sciences education, biological health sciences, and research. This gift is made in accordance with the Revised Uniform Anatomical Gift Act, G.S. §130A-412.3 et seq. and as authorized by North Carolina state law, and will be used at the discretion of the Experience Anatomy Foundation. In addition, I authorize the release of my personally identifiable health information (medical records) to the Experience Anatomy Foundation in order for it to assess the suitability of my gift for educational and research use.

## Consent

### I have read the information about body donations I understand and accept the following:

- I am donating my body for education and research. The programs of study of my body will be determined by the Experience Anatomy Foundation.
- I understand that my body may teach at an accredited and fully vetted North Carolina health sciences institution and shall be returned to the Experience Anatomy Foundation for cremation and disposition.
- The information I have provided in General Information is true and correct and will be used to file a death certificate at the time of my death providing my body is accepted by the Experience Anatomy Foundation.
- I understand that my Social Security number will be used for verification and death certificate purposes only and will be securely retained.
- The Experience Anatomy Foundation reserves the right to decline any donation including for the reasons listed in the information pages. If the body is declined, the Experience Anatomy Foundation will not accept financial responsibility for the disposition of the body.
- I understand that studies can range typically from 2 to 3 weeks up to 2 years in length.
- I understand that the body may be subject to extensive and/or long-term preservation
- I authorize the Experience Anatomy Foundation to cremate my remains consistent with the G.S. 90-210.120. et seq., as I have designated.

Printed Name: \_\_\_\_\_ Witness Name: \_\_\_\_\_

Relationship to Donor (self or NoK): \_\_\_\_\_ Signature: \_\_\_\_\_

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

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

