

BODY DONATION INFORMATION

Thank you for your interest in the Willied Body Donation program at the Forensic Anthropology Center at Texas State University. Included in this packet is the paperwork that we send individuals interested in donating their remains after their death. If you have any questions after looking over all this information, please do not hesitate to contact us for clarification.

The Forensic Anthropology Center at Texas State (FACTS) accepts body donations for scientific research purposes under the Uniform Anatomical Gift Act. The areas of research conducted with donated bodies will include reconstructing the postmortem interval to determine time since death and related studies in taphonomy and human decomposition. The skeletal remains of all donors are curated in perpetuity at the Forensic Anthropology Center at Texas State. Once accessioned into the skeletal collection, forensic anthropology faculty, graduate students, and researchers conduct invaluable research. The overall aim is to assist law enforcement agents and the medicolegal community in their investigations. While we will make every effort to ensure that we will be able to accept you when the time comes, this letter of acceptance is not a guarantee. There is always the possibility of unforeseen circumstances that may prevent us from accepting you at the time of your death. We encourage you to share your choices with your next of kin and discuss backup options with your family/friends. Please review the policies below prior to completion of the donation paperwork.

1. If you are an organ and/or tissue donor, you can still donate your body to our program; however, we do ask that you do not permit skeletal tissue donation.
2. We reserve the right to decline donations of individuals who are morbidly obese and/or who have some form of infectious disease such as HIV/AIDS, tuberculosis, hepatitis, or antibiotic-resistant infections such as MRSA, even if contracted after donation is arranged. We reserve the right to request and review medical records prior to acceptance.
3. We can assist with transportation to our facility if the deceased is located within a 100-mile radius of Texas State University, located in San Marcos, TX 78666. Outside the 100-mile radius, the donor or the donor's family must make independent arrangements for the transportation of the deceased to our facility and is responsible for all associated costs.
4. We are unable to transport from a private residence or nursing home. The donor's family must arrange for transportation and assume responsibility for the cost. We can transport a body from a hospital, funeral home, forensic center, or some healthcare facilities that are within the geographic limits stated in item 3 above. Sometimes, FACTS is unable to pick up remains immediately. In this case, it is the family's responsibility to pay for and arrange for pickup and storage at a funeral home/transport service until FACTS is available.
5. Original copies of the Donation paperwork need to be mailed to the Forensic Anthropology Center at Texas State University. Changes of address or medical status should be made by the donor to the Forensic Anthropology Center to keep our donor files up to date.
6. The FACTS Body Donation Document must be signed by 2 witnesses (both over the age of 18), one of whom is *not* a family member, to verify your signature. It does NOT need to be notarized.
7. Once your donation paperwork has been received and reviewed you will receive a letter of receipt and a donation card confirming your status as a Living Donor with the FACTS Body Donation Program.
8. 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.

BODY DONATION CHECKLIST

Please use this checklist to make sure all paperwork is completed. This form does *not* need to be returned to FACTS.

Thank you for choosing to donate your body to the Forensic Anthropology Center at Texas State (FACTS). Enclosed you will find several forms necessary for body donation. Please complete these forms, sign them, make a copy for your records, and mail them to the following address:

Forensic Anthropology Center at Texas State University
601 University Dr.
San Marcos, TX 78666

FACTS Body Donation Document

This is a legally binding document allowing you to donate your body to the Forensic Anthropology Center at Texas State University. This must have two witness signatures but does not need to be notarized. One of the witnesses should be someone who is not related to you.

Trauma and advanced research request (on FACTS Body Donation Document): Your initials indicate that you permit your 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. Your remains will only be used in this type of research when your initials are present and there is a need.

Donor Information and FACTS Questionnaire (3 pages)

All information is considered confidential. This information assists with death certificates and the ongoing research at FACTS. We ask that any changes to this vital information be reported to FACTS to keep our records up to date.

Photographs

Photographs may be used to help develop better methods of facial reconstruction for unidentified individuals. Please include the following if available:

- a. Two (2) different close-up facial photographs; and
- b. One profile (side view) photograph.

We would like for you to smile in these pictures and include various photos (original/digital/reprints/copies) from your childhood, if possible. These photographs may be used to develop better methods of age progression used by forensic artists to help locate missing and exploited children. All photos can be emailed after acceptance if you so choose.

If you have any questions or concerns, please feel free to contact the Forensic Anthropology Center, at 512-245-1900 or FACTS@txstate.edu.

FACTS BODY DONATION DOCUMENT

I, _____ (name), do hereby dispose of and give my body, after my death, to Texas State University, for the use by the Forensic Anthropology Center, or its designee, for educational and research purposes. I request, authorize, and instruct my surviving spouse, next-of-kin, executor or the physician who certifies my death to notify Texas State University, Forensic Anthropology Center (512-245-1900) of the availability of my body immediately after my death.

Witness my hand and seal this _____ (day) of _____ (month), 20____ (year) in _____ (city/state)

Donor's Signature

Printed Name

Donor Address, City, State, County	
Donor Phone	Donor Email

initial I permit my remains to be used for trauma and other advanced research that benefits the biomedical, medicolegal, and anthropological communities.

WITNESSES:

On this _____ (day) of _____ (month), 20____ (year), _____ (donor's name) signed this Body Donation Document in our presence and we, as attesting witnesses, and in his/her presence and in the presence of each other have also signed this document.

Signature of Witness 1	Printed Name of Witness 1
Address of Witness 1	
Signature of Witness 2	Printed Name of Witness 2
Address of Witness 2	

This form does not need to be notarized

Donor Information				
First Name:		Middle Name:		Maiden Name (if applicable):
Date of Birth:		SSN:		Place of Birth (City, County, and State):
Sex (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex Other: _____		Race: <div> <input type="checkbox"/> White <input type="checkbox"/> Vietnamese </div> <div> <input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese </div> <div> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Filipino </div> <div> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Japanese </div> <div> <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean </div> <div> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Samoan </div> <div> <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other Asian </div> <div> <input type="checkbox"/> Other <input type="checkbox"/> Unknown </div> Specify Other: _____		Hispanic Origin? <input type="checkbox"/> No <input type="checkbox"/> Yes: Mexican <input type="checkbox"/> Yes: Mexican American or Chicano <input type="checkbox"/> Yes: Puerto Rican <input type="checkbox"/> Yes: Cuban <input type="checkbox"/> Yes: Other <input type="checkbox"/> Unknown Specify Other: _____
Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced & remarried		Highest Education Level: <div> <input type="checkbox"/> 8th Grade or Less <input type="checkbox"/> 9-12th Grade, No Diploma </div> <div> <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED </div> <div> <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree </div> <div> <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree </div> <div> <input type="checkbox"/> Doctorate/Professional <input type="checkbox"/> Unknown </div>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other Specify Other: _____
Mother's First Name:		Mother's Middle Name:		Mother's Maiden Name:
Father's First Name:		Father's Middle Name:		Father's Last Name:
Given birth to children? <input type="checkbox"/> Yes <input type="checkbox"/> No		How Many Births?		
Number of full-term pregnancies:		Number of legal children:		
Ever serve in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch and Serial #:		
Employer Name:		Occupation (life-long):		
Ever a Texas Peace Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Your Home Address:				County:
City:	State:	Zip Code:	Is the home inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Your Phone Number:		Your Email Address:		
Spouse First Name:	Spouse Middle Name:	Spouse Maiden Name (if applicable):	Spouse Last Name:	
Is your spouse: <input type="checkbox"/> Living <input type="checkbox"/> Deceased <input type="checkbox"/> Unknown				

FACTS Questionnaire

Is anyone else in your family a registered donor to our program? ☐ Yes ☐ No ☐ Unknown

If yes, name and relation:

Height: Is this estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight: Is this estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Waist circumference (at belly button): Is this estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Blood Type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/> + <input type="checkbox"/> - <input type="checkbox"/> UNK
Has your weight changed dramatically in your lifetime? <input type="checkbox"/> Y <input type="checkbox"/> N	Are you obese? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, how long in years?	Handedness: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Ambidextrous	Eye Color: <input type="checkbox"/> Brown <input type="checkbox"/> Hazel <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Other
Natural Hair Color (before graying): <input type="checkbox"/> Blonde shades <input type="checkbox"/> Brown shades <input type="checkbox"/> Red/Auburn <input type="checkbox"/> Black	Ancestry:	Is ancestry from a DNA company? (e.g., 23andMe) <input type="checkbox"/> Y <input type="checkbox"/> N	Tattoos: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, descriptions:
Body Piercings: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, descriptions:	Have you had braces? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what ages?	Have you had a bridge? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what age?	Have you had dentures? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what age(s)?
Alcohol Use: <input type="checkbox"/> Never <input type="checkbox"/> Former <input type="checkbox"/> Yes, current If yes, please specify type(s): <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor			
If yes, please specify amount: Number _____ per <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> year If a former drinker, how many years did you drink? _____ What year/age did you quit? _____			
Tobacco Use: <input type="checkbox"/> Never <input type="checkbox"/> Former <input type="checkbox"/> Yes, current If yes, please specify type(s): <input type="checkbox"/> Chewing tobacco <input type="checkbox"/> Cigar/Pipe <input type="checkbox"/> Cigarette			
If yes, please specify amount: Number _____ per <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> year If a former smoker, how many years did you smoke? _____ What year/age did you quit? _____			
Recreational drugs: <input type="checkbox"/> Never <input type="checkbox"/> Former <input type="checkbox"/> History of injection drug use <input type="checkbox"/> Yes, current If former or current, please specify type(s):			
Exercise: <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous <input type="checkbox"/> Cardio <input type="checkbox"/> Weights Please specify type/frequency of workouts:			
Dietary habits: Vegan or Vegetarian <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please specify type or how long:			
Mobility: Are you sedentary? <input type="checkbox"/> Y <input type="checkbox"/> N Do you have mobility restrictions? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, how many years? If yes, what type of restrictions and how many years?			
Socio-Economic Status (SES)			
Childhood SES: <input type="checkbox"/> Lower <input type="checkbox"/> Lower-Middle <input type="checkbox"/> Middle <input type="checkbox"/> Upper-Middle <input type="checkbox"/> Upper Adult SES: <input type="checkbox"/> Lower <input type="checkbox"/> Lower-Middle <input type="checkbox"/> Middle <input type="checkbox"/> Upper-Middle <input type="checkbox"/> Upper			
Occupational History			
Please describe your job history, how many years you worked in that position/field and the year of retirement if applicable. Please attach additional sheets if necessary.			
Job Title/Field	Number of Years	Year of Retirement	Manual Labor? Y or N

FACTS Questionnaire Continued

Medical History (please attach additional sheets if necessary)

Condition	Year(s) of onset	Condition	Year(s) of onset
Cancer, specify:		Anemia	
Anorexia/Bulimia		Arthritis, location(s):	
Cardiovascular Disease, specify:		Other Joint Problems, specify:	
Chemical/Alcohol dependency		Osteopenia/Osteoporosis	
Crohn's Disease		COPD/Emphysema, specify:	
Depression		Dementia/Alzheimer's, specify:	
Other Mental Illness, specify:		Diabetes (<input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Gestational)	
Gout		Hepatitis (<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C)	
Sexually Transmitted Disease, specify:		Stroke/TIA, specify:	
Seizure disorder/Epilepsy, specify:		Thyroid Disease, specify:	
Tuberculosis		HIV/AIDS	
MRSA		Plastic Surgery, specify:	

Have you fractured any bones? ☐ Y ☐ N If yes, specify bone and age (if possible):

Have you had any amputations? ☐ Y ☐ N If yes, specify bone and age (if possible):

Other Medical Information (including medical treatment and/or surgeries for any conditions listed above, including age of treatment):

If you have no known medical history, please indicate.

Geographic History

First 15 years

Geographic location where you spent the *first 15* years of your life. Please be as detailed as possible.

If you need more space, please attach the information in the same format.

Address	City	State	Zip Code	Start Age	End Age

Last 20 years

Geographic location where you spent the *last 20* years of your life. Please be as detailed as possible.

If you need more space, please attach the information in the same format.

Address	City	State	Zip Code	Start Age	End Age

Printed Name of Next of Kin
Next of Kin relationship to you
Next of Kin address (including County)
Next of Kin email
Next of Kin phone number

If you have any questions about our program, our research, or the use of our donors please do not hesitate to contact us. Please visit and explore our website for more information.

<https://www.txstate.edu/anthropology/facts/>

We humbly request that your Next of Kin designate the Forensic Anthropology Center for charitable donations in your memory at the time of your passing. Giving a contribution in honor of a donation provides an opportunity to celebrate a loved one as well as support our mission of education, research, and outreach. Financial donations, and more information can be found/made at the web address below:

<https://www.txstate.edu/anthropology/facts/donations/Financial.html>

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:
Forensic Anthropology Center at Texas State University
601 University Drive
San Marcos, TX 78666

Phone: (512) 245-1900
Email: FACTS@txstate.edu