



# TEXAS STATE UNIVERSITY

## Forensic Anthropology Center

### BODY DONATION INFORMATION

Thank you for your interest in the Willful Body Donation program at the Forensic Anthropology Center at Texas State University. Included in this packet is the paperwork that we send to legal Next of Kin interested in donating a loved one 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. Body donation is an extremely generous gift. Please review the policies below prior to completion of the donation paperwork.

1. If your Next of Kin is an organ and/or tissue donor, you can still donate them 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. 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'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. The FACTS Release Form can only be signed by the legal Next of Kin (NOK) after the decedent has passed away. By signing, the NOK is acknowledging that they were not estranged from their loved one.
6. Donation paperwork can be emailed to us ([FACTS@txstate.edu](mailto:FACTS@txstate.edu)) for expedited review. If your loved one is accepted, original copies of the donation paperwork need to be mailed to the Forensic Anthropology Center at Texas State University.
7. Once paperwork is received and reviewed, you will receive a confirmation via phone and/or email Monday through Friday between 9a-5p.
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.

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

## 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 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 email them for consideration to:

[FACTS@txstate.edu](mailto:FACTS@txstate.edu)

If your loved one is accepted into the program, please mail the original forms to the following address:

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

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### **FACTS Release form**

This is a legally binding document allowing you to donate your NOK to the Forensic Anthropology Center at Texas State University. This must be signed after your loved one has passed away. Legal order for next of kin of the deceased: spouse, adult children, parents, adult sibling.

Trauma and advanced research request (on FACTS Release form): Your initials indicate that you permit the remains of your loved one 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.

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### **Donor Information and FACTS Questionnaire (3 pages)**

All information is considered confidential. This information assists with death certificates and the ongoing research at FACTS.

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### **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 also ask that you include various photos (original/digital/ reprints/copies) from 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.

FACTS RELEASE

The Forensic Anthropology Center at Texas State University 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 the Texas State University 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 §692.009 of the Texas Health and Safety Code to make the above gift.

THEREFORE, I release the Forensic Anthropology Center at Texas State University and Texas State University, its regents, 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 \_\_\_\_\_ (month), \_\_\_\_\_ (year).

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

*\*\*This form does not need to be notarized\*\**

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

## FACTS Questionnaire

Is anyone else in the decedent's family a registered donor to our program? ☐ Yes ☐ No ☐ Unknown

If yes, name and relation:

<b>Height:</b>  Is this estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Weight:</b>  Is this estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Waist circumference</b> (at belly button):  Is this estimated? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Blood Type:</b> <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
<b>Did their weight change dramatically in their lifetime?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Were they obese?</b> <input type="checkbox"/> Y <input type="checkbox"/> N If yes, how long in years?	<b>Handedness:</b> <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Ambidextrous	<b>Eye Color:</b> <input type="checkbox"/> Brown <input type="checkbox"/> Hazel <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Other
<b>Natural Hair Color</b> (before graying): <input type="checkbox"/> Blonde shades <input type="checkbox"/> Brown shades <input type="checkbox"/> Red/Auburn <input type="checkbox"/> Black	<b>Ancestry:</b>	Is ancestry from a DNA company? (e.g., 23andMe) <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Tattoos:</b> <input type="checkbox"/> Y <input type="checkbox"/> N If yes, descriptions:
<b>Body Piercings:</b> <input type="checkbox"/> Y <input type="checkbox"/> N If yes, descriptions:	<b>Did they have braces?</b> <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what ages?	<b>Did they have a bridge?</b> <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what age?	<b>Did they have dentures?</b> <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what age(s)?
<b>Alcohol Use:</b> <input type="checkbox"/> Never <input type="checkbox"/> Former <input type="checkbox"/> Yes <input type="checkbox"/> Unknown 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 they drink? _____ What year/age did they quit? _____			
<b>Tobacco Use:</b> <input type="checkbox"/> Never <input type="checkbox"/> Former <input type="checkbox"/> Yes <input type="checkbox"/> Unknown 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 they smoke? _____ What year/age did they quit? _____			
<b>Recreational drugs:</b> <input type="checkbox"/> Never <input type="checkbox"/> Former <input type="checkbox"/> History of injection drug use <input type="checkbox"/> Yes <input type="checkbox"/> Unknown If former or current, please specify type(s):			
<b>Exercise:</b> <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:			
<b>Dietary habits:</b> Vegan or Vegetarian <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please specify type or how long:			
<b>Mobility:</b> Were they sedentary? <input type="checkbox"/> Y <input type="checkbox"/> N Did they 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?			
<b>Socio-Economic Status (SES)</b>			
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			
<b>Occupational History</b>			
Please describe their job history, how many years they 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:	

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

Had they 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 there is no medical history, please note.**

### Geographic History

#### *First 15 years*

Geographic location where they spent the *first 15* years of their 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 they spent the *last 20* years of their 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

Your printed name
Your relationship to the decedent
Your address (including County)
Your email
Your 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 you designate the Forensic Anthropology Center for charitable donations in your loved one's memory. Giving a contribution in honor of a donated loved one provides an opportunity to celebrate them as well as support our mission of education, research, and outreach. Financial donations can be made, and more information found 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](mailto:FACTS@txstate.edu)