

## **BODY DONATION INFORMATION**

Thank you for your interest in the Willed 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 the 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. Ultimately, the skeletal remains of all donors are curated in perpetuity as part of the Texas State University Donated Skeletal Collection (TXSTDSC). The areas of research conducted with donated bodies will include reconstructing the postmortem interval to determine time since death and related studies in human decomposition and variation. This includes experimental studies both at the outdoor decomposition facility and with the TXSTDSC. The overall aim is to assist law enforcement agents and the medicolegal community in their investigations as well as better understand how human skeletons adapt during an individual's lifetime. While we will make every effort to ensure that we will be able to accept you when the time comes, a 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. We **do not** return remains to the family. The skeletal remains are held in permanent curation and are a very important component of our research and teaching program.
2. 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.
3. We reserve the right to request and review medical records prior to acceptance. We reserve the right to deny a donation after acceptance for any reason.
4. 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.
5. 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 4 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.
6. Original copies of the donation paperwork need to be mailed to the Forensic Anthropology Center at Texas State University. If there is a change of address or medical status, please inform the Forensic Anthropology Center to keep our donor files up to date.
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.

## **BODY DONATION CHECKLIST**

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 use this checklist to make sure all paperwork is completed. 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. Both witnesses need to be over 18 years of age.

Trauma and advanced research acknowledgement (on FACTS Body Donation Document): Your initials indicate that you acknowledge that by donating to FACTS you are permitting your remains to be used for trauma and other advanced research that benefits the biomedical, medicolegal, and anthropological communities. Please view our website for information on what research can and has been done at FACTS.

Curation acknowledgment (on FACTS Body Donation Document): Your initials indicate that you acknowledge that by donating to FACTS your remains will be curated into the Texas State Donated Skeletal Collection and that no piece of you will be returned to your family/next of kin.

Consent to 3D print (on FACTS Body Donation Document): this is a place for you to choose whether you agree to have 3D printed replicas of your skeletal material loaned to other institutions/researchers for training and instruction. You may select either to opt in or opt out of loaning 3D printed skeletal elements.

Consent to loan your remains (on FACTS Body Donation Document): this is a place for you to choose whether you agree to the loaning of your skeletal remains to another institution. FACTS will always maintain custody of your skeletal material and your remains will always be returned to FACTS after the loan period. There is a critical lack of ethically sourced skeletal material available for study in the United States, and FACTS can allow the sharing of the Texas State Donated Skeletal Collection resources if you grant your permission.

### **Donor Information and FACTS Questionnaire (10 pages total)**

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. This can be supplemented with medical records, x-rays, and DNA reports if you choose to provide those to FACTS.

### **Photographs**

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 in research and/or by forensic artists for training. These photographs may also be used in training scenarios as part of our extensive law enforcement training program. All photos can be emailed after acceptance if you so choose.

**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

\_\_\_\_\_  
Donor’s Printed Name

Donor’s Address: \_\_\_\_\_  
Street Address City State Zip Country

\_\_\_\_\_  
**Initial** I acknowledge my remains may be used for trauma and other advanced research that benefits the biomedical, medicolegal, and anthropological communities.

\_\_\_\_\_  
**Initial** I acknowledge my remains will be curated in perpetuity by FACTS in the Texas State University Donated Skeletal Collection.

**(Circle one)** I permit or I do not permit -FACTS to create 3D prints of my bones to be loaned to other institutions for education and training.

**(Circle one)** I permit or I do not permit -FACTS to loan my skeletal remains to institutions for education purposes as part of an effort to provide ethically sourced skeletal material for teaching. I understand that FACTS will remain the custodian of my remains in perpetuity.

**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.

Witness #1 Signature: \_\_\_\_\_

Witness #1 Printed Name: \_\_\_\_\_

Witness #1 Address: \_\_\_\_\_  
Street Address City State Zip Country

Witness #2 Signature: \_\_\_\_\_

Witness #2 Printed Name: \_\_\_\_\_

Witness #2 Address: \_\_\_\_\_  
Street Address City State Zip Country

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

## **FACTS BODY DONATION INFORMATION**

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. Information on financial donations can be 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)

**Donation Information and FACTS Questionnaire**

This questionnaire gathers important information for research and recordkeeping. Please answer as completely as possible. If you need help, contact FACTS (facts@txstate.edu) or ask a family member for assistance. Please print legibly.

**1. About You**

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

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

Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Is this home within the city limits?  Yes  No  Unknown

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Sex assigned at birth (check one):  Male  Female  Intersex  Other: \_\_\_\_\_

Has your sex or gender changed during your life?  Yes  No

Describe if desired: \_\_\_\_\_

Gender Identity:  Female  Male  Non-binary  Transgender

Describe if desired: \_\_\_\_\_

Marital Status:

Never Married

Married

Divorced (and not remarried)

Widowed (and not remarried)

Unknown

If you are married, what is your spouse's first name? \_\_\_\_\_

If you are married, what is your spouse's middle name? \_\_\_\_\_

If you are married, what is your spouse's last name? \_\_\_\_\_

If you are married, what is your spouse's suffix?  none  Jr.  Sr.  II  III  IV  V

Highest Education Completed:

- 8th Grade or less
- 9<sup>th</sup>-12<sup>th</sup> Grade, but no diploma
- High School Graduate with diploma
- GED
- Some College Credit, but no degree
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctorate or Professional Degree

Race (check all that apply):

- White
- Black/African American
- American Indian or Alaska Native  
(Name of the Enrolled or Principal Tribe: \_\_\_\_\_)
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (Specify \_\_\_\_\_)
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (Specify: \_\_\_\_\_)
- Other (Specify: \_\_\_\_\_)
- Unknown

Are you of Hispanic Origin?:

- No, Not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish/Hispanic/Latino (Specify: \_\_\_\_\_)
- Unknown

What is your Ancestry? \_\_\_\_\_

Is ancestry reported from a DNA test? (e.g. 23 and Me)  No  Yes

If yes, which test? \_\_\_\_\_

Please include copies of your DNA testing if you desire.

What is your Birthplace City? \_\_\_\_\_

What is your Birthplace County? \_\_\_\_\_

What is your Birthplace State? \_\_\_\_\_

If you were born in a country other than the United States, which country were you born in?

\_\_\_\_\_

What is the title preference of your Mother/Parent 1?

Mother  Father  Parent

Parent 1 First Name: \_\_\_\_\_

Parent 1 Middle Name: \_\_\_\_\_

Parent 1 Last Name Prior to First Marriage: \_\_\_\_\_

Parent 1 Suffix:  none  Jr.  Sr.  II  III  IV  V

What is the title preference of your Father/Parent 2?

Mother  Father  Parent

Parent 2 First Name: \_\_\_\_\_

Parent 2 Middle Name: \_\_\_\_\_

Parent 2 Last Name Prior to First Marriage: \_\_\_\_\_

Parent 2 Suffix:  none  Jr.  Sr.  II  III  IV  V

Do you have any legal children?  Yes  No

If yes, list names: \_\_\_\_\_

Is anyone else in your family a registered donor to FACTS?  Yes  No

If yes, name and relationship: \_\_\_\_\_

Have you ever been a Peace Officer in the state of Texas?  Yes  No

Were you ever in the US Armed Forces?  Yes  No  Unknown

If Yes, please specify in which service: \_\_\_\_\_

If Yes, please provide the Serial Number of the discharge papers or adjusted service certificate:

\_\_\_\_\_

## 2. Personal Descriptors

What is your height in feet and inches?: \_\_\_\_\_

Is this  Estimated or  Measured

What is your weight in pounds?: \_\_\_\_\_

Is this  Estimated or  Measured

What is your waist circumference (at belly button) in inches? \_\_\_\_\_  
Is this  Estimated or  Measured

Are you obese?  Yes  No  
If yes, how many years have you been obese? \_\_\_\_\_

Were you obese as a child or adolescent?  Yes  No

Has your weight changed dramatically in your lifetime?  Yes  No  
If yes, please describe: \_\_\_\_\_

Which is your dominant hand?  R  L  Ambidextrous

What is your natural eye color?  
 Blue  
 Brown  
 Gray  
 Green  
 Hazel  
 Other (Specify: \_\_\_\_\_)

What is your natural hair color?  
 Blonde shades  
 Brown shades  
 Gray/white  
 Red/auburn  
 Black  
 Other (Specify: \_\_\_\_\_)

### 3. Medical History

Please indicate if you have had or currently have any of the conditions listed below. If you have had one of these conditions, please indicate the year of onset and/or duration, and if appropriate, location and type.

Cancer:  Yes  No  Current (Specify type: \_\_\_\_\_)

Year of onset: \_\_\_\_\_

If known, can you please describe the primary site and any metastases?  
\_\_\_\_\_

Please list the type of treatment and duration of treatment:  
\_\_\_\_\_

Anemia:  Yes  No  Current

Year of onset: \_\_\_\_\_

Anorexia/Bulimia:  Yes  No  Current  
Year of onset: \_\_\_\_\_

Arthritis:  Yes  No  Current (Specify locations: \_\_\_\_\_)  
Year of onset: \_\_\_\_\_  
Specific types if known: \_\_\_\_\_

Cardiovascular Disease:  Yes  No  Current (Specify type: \_\_\_\_\_)  
Year of onset: \_\_\_\_\_

Crohn's Disease:  Yes  No  Current (Specify type: \_\_\_\_\_)  
Year of onset: \_\_\_\_\_

COPD/Emphysema:  Yes  No  Current  
Year of onset: \_\_\_\_\_

Depression:  Yes  No  Current (Specify type: \_\_\_\_\_)  
Year of onset: \_\_\_\_\_

Dementia/Alzheimer's:  Yes  No  Current (Specify type: \_\_\_\_\_)  
Year of onset: \_\_\_\_\_

Diabetes:  Yes  No  Current (Specify type: \_\_\_\_\_)  
Year of onset: \_\_\_\_\_

Gout:  Yes  No  Current  
Year of onset: \_\_\_\_\_

Hepatitis:  Yes  No  Current (Specify type: \_\_\_\_\_)  
Year of onset: \_\_\_\_\_

Stroke/TIA:  Yes  No  Current (Specify type: \_\_\_\_\_)  
Year of onset: \_\_\_\_\_

Seizure disorder/Epilepsy:  Yes  No  Current (Specify type: \_\_\_\_\_)  
Year of onset: \_\_\_\_\_

Thyroid Disease:  Yes  No  Current (Specify type: \_\_\_\_\_)  
Year of onset: \_\_\_\_\_

Tuberculosis:  Yes  No  Current (Specify type: \_\_\_\_\_)  
Year of onset: \_\_\_\_\_

HIV/AIDS:  Yes  No  Current (Specify type: \_\_\_\_\_)  
Year of onset: \_\_\_\_\_

MRSA:  Yes  No  Current

Year of onset: \_\_\_\_\_

Plastic Surgery:  Yes  No  Current (Specify type: \_\_\_\_\_)

Year(s) of surgery: \_\_\_\_\_

Bone Fractures:  Yes  No  Current

Specify cause, location and year: \_\_\_\_\_

Please list what if any surgical interventions occurred:

\_\_\_\_\_

Amputations (surgical or nonsurgical):  Yes  No

Specify cause, location, and year: \_\_\_\_\_

Have you had any surgeries, implants, medical interventions, or other medical conditions not listed above?

Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you use any assistive mobility devices such as a walker, wheelchair, or prosthetics?  Yes  No

If yes, please list the device and the year of onset: \_\_\_\_\_

Have you ever been pregnant?  No  Yes

If yes, how many full-term pregnancies have you experienced? \_\_\_\_\_

Have you ever given birth to children?  No  Yes

If yes, how many? \_\_\_\_\_

If yes, how many vaginal births? \_\_\_\_\_

Have you undergone menopause?  No  Yes

If yes, at what age did it begin? \_\_\_\_\_

At what age did you have your first menstrual period? \_\_\_\_\_  NA

Have you received hormone replacement therapy (HRT)?  Yes  No

If yes, what kind? \_\_\_\_\_

If yes, what year or at what age did you begin HRT? \_\_\_\_\_

Do you still currently receive HRT? \_\_\_\_\_

If you have ever taken long-term medication, please feel free to include on a separate sheet of paper what kind of medication you have taken, the dosage, and the years they were taken. This is not required but can be helpful when researchers are interested in the effects that medication have on both decomposition and the skeleton.

#### 4. Dental History

Please indicate if you have had or currently have any of the interventions/procedures listed below. If you have had one of these interventions, please indicate the year of occurrence and/or duration, and if appropriate, location and type.

If you have retained your baby teeth, we would also be happy to accept these as a donation to our facility at any time. Please let us know via email ([facts@txstate.edu](mailto:facts@txstate.edu)) if you would like to donate them.

Have you had a bridge?  Yes  No

If yes, what age(s) were you when it was placed?

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Have you had dentures?  Yes  No

If yes, what age(s) were you when it was placed?

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Have you had veneers?  Yes  No

If yes, what age(s) were you when they were placed?

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Are you missing any teeth?  Yes  No

If yes, how many are you missing:  Few  Many  All

Specify if possible: \_\_\_\_\_

#### 5. Lifestyle and Habits

Do you drink alcohol?  Never  Formerly  Currently

Type(s):  Beer  Wine  Liquor  Other  Unknown

If yes, how many drinks do you have per  day  week  month  year:

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If you are a former drinker, for how many years did you drink: \_\_\_\_\_

If you are a former drinker, in what year did you quit: \_\_\_\_\_

Do you use tobacco?  Never  Formerly  Currently

Type(s):  Cigarette  Cigar  Pipe  Chewing Tobacco

If yes, how much do you use per  day  week  month  year:

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If you are a former user, how many years did you use? \_\_\_\_\_

If you are a former user, in what year did you quit: \_\_\_\_\_

Do you use recreational drugs?

Never  Formerly  History of injection drug use  Yes, currently

If formerly or currently please specify type(s): \_\_\_\_\_

If formerly or currently please identify method of use:  Oral  Inhaled  Snorting

Unknown

If you are a former user, how many years did you use? \_\_\_\_\_

If you are a former user, what year did you quit? \_\_\_\_\_

Do you exercise?  None  Light  Moderate  Vigorous

If yes, how many days a week?  0  1-2  3+

If yes, what type of exercise do you do?  Aerobic  Weight training  Yoga

Walking/running  Other (Specify: \_\_\_\_\_)

Did you ever play professional sports?  Yes  No

If yes, which sport and for which years? \_\_\_\_\_

Do you have mobility limitations?  Yes  No

If yes, describe: \_\_\_\_\_

If yes, since what year: \_\_\_\_\_

Are you sedentary?  Yes  No

If yes, since what year? \_\_\_\_\_

Do you follow a special diet?  Yes  No

Type or reason: \_\_\_\_\_

Since when have you followed this diet? \_\_\_\_\_

Please use this space to clarify any lifestyle changes you would like to explain:

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## 6. Socio-Economic Status

Please use this section to indicate your socio-economic status (SES) bracket at different points in your life. Level 1 indicates a family with limited access to resources, low educational opportunities and/or high financial insecurity. Level 2 indicates basic security, education, and food access. Level 3 indicates privileged access to education, resources, and strong financial security.

During your childhood which SES bracket were you in?

Level 1  Level 2  Level 3

Currently, which SES bracket are you in?

Level 1  Level 2  Level 3

**7. Occupational History**

Please use this section to describe your job history, including job title, years worked, retirement year if applicable, and if you would consider it a manual labor job. If you need additional space, feel free to include additional pages in the same format.

Job Title	Field	Number of Years	Year of Retirement	Manual Labor? Y or N

**8. Geographic History**

Please use this section to list each of the locations you lived in for the **first 15 years** of your life (when you were born until you were 15). If you need additional space, please attach the information in the same format.

Country	Address	City	State	Zip Code	Start Age	End Age

Please use this section to list each of the locations you lived in for **the last 20** years of your life. If you need additional space, please attach the information in the same format.

Country	Address	City	State	Zip Code	Start Age	End Age

### 9. Next of Kin

In this section you may add the contact information for **up to 3** people who classify as your Next of Kin. If you need additional space for additional Next of Kin, please attached the information in the same format.

In relation to you, what is the title preference of your Next of Kin 1?

Child  Parent  Spouse  Friend  Other (Specify: \_\_\_\_\_)

Next of Kin 1 First Name: \_\_\_\_\_

Next of Kin 1 Middle Name: \_\_\_\_\_

Next of Kin 1 Last Name: \_\_\_\_\_

Next of Kin 1 Suffix:  none  Jr.  Sr.  II  III  IV  V

Next of Kin 1 Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Next of Kin 1 Phone: \_\_\_\_\_

Next of Kin 1 Email: \_\_\_\_\_

In relation to you, what is the title preference of your Next of Kin 2?

Child  Parent  Spouse  Friend  Other (Specify: \_\_\_\_\_)

Next of Kin 2 First Name: \_\_\_\_\_

Next of Kin 2 Middle Name: \_\_\_\_\_

Next of Kin 2 Last Name: \_\_\_\_\_

Next of Kin 2 Suffix:  none  Jr.  Sr.  II  III  IV  V

Next of Kin 2 Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Next of Kin 2 Phone: \_\_\_\_\_

Next of Kin 2 Email: \_\_\_\_\_

In relation to you, what is the title preference of your Next of Kin 3?

Child  Parent  Spouse  Friend  Other (Specify: \_\_\_\_\_)

Next of Kin 3 First Name: \_\_\_\_\_

Next of Kin 3 Middle Name: \_\_\_\_\_

Next of Kin 3 Last Name: \_\_\_\_\_

Next of Kin 3 Suffix:  none  Jr.  Sr.  II  III  IV  V

Next of Kin 3 Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Next of Kin 3 Phone: \_\_\_\_\_

Next of Kin 3 Email: \_\_\_\_\_

\*\*\*This is the end of the Questionnaire\*\*\*