TEXAS STATE UNIVERSITY
Forensic Anthropology Center

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 RELEASE

The Forensic 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).

_____I acknowledge the decedent's remains may be used for trauma and other advanced research that benefits the biomedical, medicolegal, and anthropological communities.

_____I acknowledge the decedent's 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 the decedent's bones to be loaned to other institutions for education and training.

(Circle one) I permit or I do not permit -FACTS to loan the decedent's 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.

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

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 ☐

Highest Education Completed:
☐ 8th Grade or less
☐ 9th-12th 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) 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?

_____

Have you had dentures? ☐ Yes ☐ No
If yes, what age(s) were you when it was placed?

_____

Have you had veneers? ☐ Yes ☐ No
If yes, what age(s) were you when they were placed?

_____

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:

_____
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:

_____
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:
_____
_____
_____
_____

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