Oakland University William Beaumont School of Medicine

Donor Registration Form

DONOR'S LEGAL NAME AND INFORMATION | Please print

First Name | Middle Name | Last Name

Street Address | City | State | Zip Code

Phone Number | Email Address

INFORMATION REQUIRED FOR HEALTH DEPARTMENT RECORDS | Please print

Date of Birth (MM/DD/YYYY) | Birthplace | Sex | Maiden/Other Names Used

Social Security Number | Education (Highest degree/level of school) | Race | Hispanic (Y/N)

Ancestry (African, Mexican, etc.) | Marital Status | Ever in the U.S. Armed Forces? (Y/N) | Usual (Lifelong) Occupation

Business/Industry | Mother's MAIDEN Name (First, Middle, Last) | Father's Name (First, Middle, Last)

NEXT-OF-KIN OR PERSON OF CONTACT INFORMATION | Please print

First Name | Middle Name | Last Name

Street Address | City | State | Zip Code

Phone Number | Relationship to Distribution for Donor

One copy should be returned to OUWB Body Donation Program. One copy for your personal records.
One copy to your attorney, family representative, or funeral home. One copy to your physician.

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Pursuant to the provisions of Act 368 of the Public Acts of Michigan 1978 as it has been or will be amended from time-to-time (the "Act"), a copy of which is available at **https://legislature.mi.gov/Laws/MCL?objectName=mcl-368-1978-10-101**, I hereby give my whole and entire body without restriction, to be delivered after my death as provided in the Act, to Oakland University on behalf of the Oakland University William Beaumont School of Medicine or its successor ("OUWB") to be used as provided in this Anatomical Gift Authorization ("Authorization"). Accordingly, I understand, acknowledge and agree that:

- My accepted body may be used for the purpose of education and/or research, both within OUWB, or outside OUWB by another accredited medical school, dental college, college, university, or other appropriate person as defined in the Act and as designated by OUWB in it's sole and exclusive discretion.
- For the purposes of education or research, OUWB or any other institution outside OUWB as specified above reserves the right to create, maintain, and share/ distribute photographic, video, extended reality renderings, or other multimedia of my donation in perpetuity and in ways that are de-identified and with respect for my dignity.
- This donation is subject to applicable law and program policies in effect at the time of my death.
- OUWB cannot accept bodies in which autopsies or organ donations have occurred. If an autopsy is performed on the body for any reason, the physician, next of kin or funeral home of the deceased should call the OUWB Body Donation Program at **(248) 370-3457** to cancel the donation of that Donor and the body will be buried or cremated at the direction and expense of the estate or the next of kin.
- OUWB may not accept my donated body, which will be determined at my time of death and in its sole and exclusive discretion, in which case my body will be buried or cremated at the direction and expense of the estate or next of kin.
- Within approximately 36 months of my donation, OUWB may cremate my body and the ashes will be handled as designated below. I understand that, for the purposes of education or research, OUWB reserves the right to preserve and/or retain a portion of my donation indefinitely, including, but not limited to: tissues/histological (microscopic) samples, portions of bone/organs, and whole organs, organ systems, and/or entire skeleton. These retained portions will not be included in the ashes that are made available for return after approximately 36 months. Upon the completion of their use, OUWB will cremate the retained portions and/or bury those remains at an OUWB facility. Remains of retained portions will not be returned.
- I am at least 18 years of age and of sound mind when signing this Authorization.
- I am solely responsible for sharing my decision to donate, and the relevant OUWB and/or Body Donation Program policies, with my family, next of kin, and other responsible parties.
- I am entering into this Authorization voluntarily and without any payment of any amount or kind and without promise of any amounts, treatments, enrollments, eligibility or benefits of any kind.
- I may withdraw from, or revoke, this Authorization at any time by sending a signed and dated letter to the Body Donation Program at the address listed below, or as otherwise permitted by the Act. OUWB will use reasonable efforts to send a receipt acknowledging the withdrawal or revocation.
- The Body Donation Program will only cover the cost of: transporting my remains from place of death to the Body Donation Program, death certificate preparation fee, cremation, and returning or entombing of cremains of the donors to the Body Donation Program.
- Neither OUWB nor the Body Donation Program will provide educational or research reports to family, next of kin, or responsible parties.
- This Authorization will remain in effect unless and until it is withdrawn or revoked as provided in the Act.
- I will be responsible for notifying the Body Donation Program with any updated information (e.g., change of address, next of kin designation, marital status, etc.) to ensure donor, family, next of kin, and responsible party information is current.
- I may contact the Body Donation Program at **(248) 370-3457** if I have any additional questions regarding this Authorization and/or withdrawal or revocation of this Authorization.

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Burial *(please select preferred option):*

☐ Cremated remains to be placed in the OUWB Mausoleum at Mt. Avon Cemetery, Rochester, MI. If you'd like next of kin to be notified of time and place of OUWB memorial service, please provide contact information below:

☐ Cremated remains returned to next-of-kin by United States Postal Service to the individual and address as indicated below:

_____

_____

Please note that the signature of an adult will be required upon delivery

Additional Items *(initial if applicable):*

_____ I consent, upon final disposition, for my name to be disclosed at the OUWB annual Anatomy Memorial Service.

_____ I consent, upon my death, for OUWB to confirm my donation if requested by media entities.

_____ _____

Donor Signature Date

_____ _____ _____

Witness 1 Name (printed) Witness 1 Signature Date

_____ _____ _____

Witness 2 Name (printed) Witness 2 Signature Date

Note: *This Authorization requires the signatures of two witnesses who are each over 18 years of age. At least one of the witnesses must be disinterested (i.e., a witness who is not a spouse, child, parent, sibling, grandchild, grandparent, or guardian of or other adult who exhibited special care and concern for the Donor).*

OUWB | *School of* MEDICINE®

Body Donation Program | O'Dowd Hall, Room 455 | 586 Pioneer Drive | Rochester, MI 48309-4482 | (248) 370-3457 | fax: (248) 370-4409