

FORM 2: GIFT-OF-BODY BY NEXT OF KIN OR OTHER AUTHORIZED PERSON

TO BE COMPLETED AFTER THE DEATH OF THE DECEDENT

I, _____,
being a person of at least 18 years of age, born on _____
do hereby make this anatomical gift of the entire, unautopsied
body of _____
who died on _____ in _____
to Pacific Northwest University of Health Sciences ("the
University") to be preserved and used for such educational,
scientific, or research purposes as the authorized personnel of
the university shall in their sole discretion deem proper.

I hereby direct that the decedent's body, specially embalmed and
unautopsied, be delivered to the University as soon after death
as possible.

I am (CIRCLE YOUR RELATIONSHIP TO THE DECEDENT):

- (1) An agent of the decedent at the time of death who could have made an anatomical gift under Washington State law immediately before the decedent's death
- (2) The spouse, or domestic partner registered as required by state law, of the decedent
- (3) An adult son or daughter of the decedent
- (4) Either parent of the decedent
- (5) Adult sibling of the decedent
- (6) Adult grandchildren of the decedent
- (7) Grandparents of the decedent
- (8) Guardian of the decedent at the time of death
- (9) Any other person authorized or under the obligation to dispose of the Body _____

(RELATIONSHIP TO DECEDENT)

At this time, there are no persons in prior classes, in order of priority as listed above, available to make a decision as to disposition, and I have no knowledge of contrary indications by the decedent or of any opposition by a member of the same or prior class.

I agree to cremation of the remains as a condition of donation. If I want the available cremated remains returned to the family of the deceased, I must mark the line provided for this purpose below on this form. I am aware that the cremated remains may not be available to be returned to the family for two years after the body is delivered to the University. If I do not choose to have the cremated remains returned to the family, they will be interred or scattered at a dedicated burial site during an annual nondenominational burial service. After the service, cremated remains will not be recoverable.

If I do not choose to have the cremated remains returned to the decedent's family, I agree that the University may keep any of the body parts, including the skeleton, indefinitely for continuing teaching or research purposes. Body parts that the University keeps will be cremated after they are used and will be buried at the University burial site listed above during the annual nondenominational burial service. These remains will not be returned to the family.

I agree that the University may decline to accept the body for any reason. I am aware that an alternate arrangement should be made to account for the possibility that the offer of body donation may be declined. I am aware that if the University declines to accept the body, the University will not be responsible for any costs associated with embalming or transporting the body.

I agree to inform the family and physician of the deceased of the decision to give the body to the University.

I agree that the University may loan the body or any of its parts to other institutions for purposes of medical or surgical teaching and research, unless I provide my initials here: _____.

I have read and understood the descriptive brochure titled "Gift of Body Program" a copy of which is available online at <http://www.pnwu.edu/college-of-osteopathic-medicine-com/gift-of-body-program/>. I have had the opportunity to ask the University any questions I have, and I have had my questions answered before signing this form.

I agree that the specific details of how the remains have been used are confidential and will not be disclosed to me or the decedent's family, unless provided for by law.

SIGNATURE OF DONOR DATE

ADDRESS

The undersigned being persons of at least 18 years of age acknowledge and certify to the fact that they witnessed the execution of the foregoing Gift-of-Body by the next-of-kin on the date first herein above written and that they have signed this document in the next-of-kin's presence.

WITNESS, PLEASE PRINT YOUR FULL NAME

WITNESS' SIGNATURE DATE

WITNESS ADDRESS

WITNESS, PLEASE PRINT YOUR FULL NAME

WITNESS' SIGNATURE DATE

WITNESS ADDRESS

Are the cremated remains to be returned? Yes No

If so, to whom? _____
NAME OF INDIVIDUAL OR FUNERAL HOME

ADDRESS

As soon as possible after death, the funeral director, or other person responsible for the gift body, should call the University at 509-452-5100.

Make necessary copies of this form and send this original completed form to:

Pacific Northwest University of Health Sciences
Gift of Body Program
200 University Parkway
Yakima, WA 98901

PACIFIC NORTHWEST UNIVERSITY
OF HEALTH SCIENCES

Gift of Body
PROGRAM



www.pnwu.edu