

# **THIS IS THE DONATION FORM. IT MUST BE FILLED IN**

## **BODY BEQUEATHAL AGREEMENT**

To Whom It May Concern:

It is my desire that upon my death my body be given, for the purpose of advancement of medical and research education, to THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO as provided by the Anatomical Board of the State of Texas. Therefore, I have instructed those who will arrange for disposition of my body to notify the Willed Body Program of the institution named above, **(210) 567-3900** [emergency number--University Police: **(210) 567-2801**], at the time of my death, so that appropriate arrangements can be made.

Furthermore, I understand that the institution is obligated to pay only standard fees for embalming and transportation according to rates approved by the Health Science Center. The University will pay to transport a body a distance of 100 miles or less from San Antonio, Texas. If my death should occur at a greater distance from San Antonio, I have instructed my representative to pay for the transportation in excess of 100 miles or to locate a closer approved institution to receive my body.

Although I am willing my body to the institution named above, I realize that my body may be sent to another institution which might have greater need for anatomical specimens, as directed by the Anatomical Board. The University of Texas Health Science Center at San Antonio will only accept donations that allow The Anatomical Board to export the body out of The State of Texas. **If you do not want to permit the body donated by this agreement to leave The State of Texas, DO NOT COMPLETE AND SIGN THIS FORM. Please contact another donation location in the state. We can give other telephone numbers if you call our office. Transportation outside of The State of Texas will be paid by the University. It is not unusual for the length of study to require three (3) to five (5) years, but it may be shorter. We will neither promise nor agree to a time span for the length of our studies.**

In addition, I understand that I cannot be guaranteed that my body will be acceptable at the time of death. If I am obese, emaciated, or have arms or legs that cannot be straightened; if I have a dangerous contagious disease at the time of my death; if my body has open wounds, is damaged by severe trauma (violent death), or undergoes decomposition prior to embalming; if organs or parts are removed (transplantation or for an autopsy); if I have widespread cancer or massive internal hemorrhage; or if I commit suicide, my body will not be acceptable for the Willed Body Program. If my body is rendered unfit for use in anatomical studies by these or other reasons, my survivors will need to make other arrangements for the final disposition of my body. If my body is acceptable, I authorize release of pertinent radiographs and information from my medical records to officials of the above named institution, for the purpose of enhancement of the use of my body in medical education or research.

I also agree to notify the Willed Body Program of the above named institution if there is a change in address.

Complaints or inquiries regarding a willed or donated body should be directed to the Secretary-Treasurer of the Anatomical Board of the State of Texas. The name and address of this individual may be obtained from the institution to which the body was, or will be, delivered and is listed in the Texas State Telephone Directory.

**My signature below attests to my acceptance of the conditions outlined in the BODY BEQUEATHAL AGREEMENT on the previous page.**

**Name:** \_\_\_\_\_  
(Please Print) First Middle Last

**Social Security #** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

**Date of Birth:** \_\_\_\_\_

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

**SIGNATURE OF DONOR:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
First Middle Last  
(Please sign in ink)

My Next of Kin is: \_\_\_\_\_  
(name - please print)

\_\_\_\_\_ Address

Relationship Phone Number

City State Zip

**SIGNATURE WITNESSED BY:**

\_\_\_\_\_  
Signature of first witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (please print) year of birth

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

\_\_\_\_\_  
Signature of second witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (please print) year of birth

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

**RETURN OF AVAILABLE CREMATED REMAINS --- I understand that I will be required to pay a nominal fee for this service prior to receiving the cremated remains.**

\_\_\_\_\_ I **DO NOT** wish to have available cremated remains returned  
(If checked, stop here)

\_\_\_\_\_ I **DO** wish to have available cremated remains returned.  
(If checked, the accompanying agreement must be read, and then signed.)

**Notice for Request of Disclosure of Social Security Number**

Disclosure of your Social Security Number ("SSN") is required of you in order for The University of Texas Health Science Center at San Antonio to register this body with The Anatomical Board of the State of Texas, as mandated by Texas Administrative Code, Title 25, Part 4, §477.7 "Board Forms". Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

**NOTICE ABOUT INFORMATION LAWS AND PRACTICES** With few exceptions, you are entitled on your request to be informed about the information The University of Texas Health Science Center at San Antonio collects about you. Under Sections 552.021 and 552.023 of the *Texas Government Code*, you are entitled to receive and review the information. Under Section 559.004 of the *Texas Government Code*, you are entitled to have The University of Texas Health Science Center at San Antonio correct information about you that is held by The University of Texas Health Science Center at San Antonio and is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that The University of Texas Health Science Center at San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. Of the *Texas Government Code*) and rules. Different types of information are kept for different periods of time.

You may send any requests to Harry S. Lynch Jr., MBA, PA  
By mail to: 7703 Floyd Curl Drive, San Antonio, TX 78229-3900  
By e-mail to: [Lynch@UTHSCSA.edu](mailto:Lynch@UTHSCSA.edu)  
By fax to: (210) 567-7027  
In person at: Medical School Building, Room 426

**DO NOT WRITE BELOW THIS LINE** (for office use only)

Registered by the Willd Body Program of The University of Texas Health Science Center at San Antonio

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# **COMPLETE THIS FORM ONLY IF CREMATED REMAINS ARE TO BE RETURNED**

## **CREMATION AGREEMENT RETURN OF CREMATED BEQUETHAL REMAINS**

***In compliance with Texas Administrative Code §479.4, UTHSCSA will agree to return the available cremated human remains of an individual person ONLY under the conditions presented in this agreement.***

When a body is donated to science in the state of Texas, it reaches its permanent and final legal destination when it arrives at the institution to which it is donated. In this case, that institution is The University of Texas Health Science Center at San Antonio (UTHSCSA). The relevant statute is contained in the Health and Safety Codes of The State of Texas, §691. A body that is donated to science at UTHSCSA may be used in health education, research or both. In the process of education and/or research, parts of the body may be completely destroyed, or they may be kept for teaching purposes. These parts will **NOT** be available for cremation.

Cremation is a non-reversible process in which human remains are burned in a gas flame at a temperature of about 1800°F. At this temperature, all soft parts of the body vaporize and only burned bone remains. The pieces of burned bone are removed and processed to resemble ash or sand. These processed cremated human remains become the “ashes” which can then be returned if requested.

If the cremated remains are NOT to be returned to the legal next of kin or a designated individual, the human remains may be cremated at the same time with the remains of other individuals. Under these conditions, the cremated remains of a single individual will NOT be recoverable. The cremated remains of all individuals that are not returned will be irretrievably co-mingled with the cremated remains of other individuals in a common container, which will be buried underground in the UTHSCSA Cemetery. The site is identified with a marker stone.

When the cremated remains of an individual human ARE to be returned, the cremator is cleaned thoroughly before cremation and the available remains of only one human body cremated at a time. After the cremation, the machine is thoroughly cleaned and the cremated remains are processed for return.

In order to provide the extra services associated with the return of available cremated human remains of an individual, a fee of \$250.00 is charged.

Your signature indicates you have read and understand the conditions that UTHSCSA places upon agreeing to return the cremated remains of a human to you. It also indicates that you will hold harmless the university and its employees in this process.

