

LSU Health Sciences Center-New Orleans**Bureau of Anatomical Services**

1901 Perdido Street

New Orleans, LA 70112 (504)568-4012

DONATION AGREEMENT

I wish to donate my body subsequent to my death to the BUREAU OF ANATOMICAL SERVICES for medical research and education. To ensure that as many suitable donor bodies as possible may be accepted, if an excess number of donations occurs, I authorize the Bureau of Anatomical Services to transfer my body to another medical research or teaching institution if necessary.

I understand that I am not considered a registered donor until this **fully completed and notarized Donation Agreement** has been on file with the Bureau for **30 days**. I understand that acceptance of my body at the time of death cannot be guaranteed. I understand that my body may not be acceptable for the Bureau if my body was damaged by severe trauma, an autopsy or embalming procedure was performed, a contagious disease is present at the time of my death, my body is excessively emaciated or obese, excessive time has elapsed after death, or my body is deemed unacceptable by the President of the Bureau of Anatomical Services for any other reason. If my body is not acceptable, my survivors will have 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 the Bureau of Anatomical Services to be used **anonymously**, only for scientific and educational purposes.

I understand that following utilization of my body for medical research or education which may require **three years or longer** to complete, the final disposition of my body will be by cremation. I understand that if I choose to not have my cremated remains returned to family members or other survivors, my cremated remains shall be interred as determined by the Bureau.

BY MY SIGNATURE BELOW, I AFFIRM THAT I HAVE READ, OR HAD READ TO ME, AND CONSIDERED ALL OF THE INFORMATION CONTAINED IN THIS DONATION AGREEMENT, AND I CONSENT TO ALL OF THE TERMS OF THIS AGREEMENT.

DONOR SIGNATURE: _____ Date: _____

Mr.

Mrs. _____

Ms. _____

Print Full Legal Name

Social Security Number

Date of Birth

Mailing Address _____ City _____ State _____ Zip Code _____ Phone Number (w/ area code) _____

Birthplace: _____
City _____ State _____ Country (if not U.S.) _____ Citizen of U.S. _____ Ever in US Armed Services _____Usual Occupation _____ Kind of Business or Industry _____ Color or Race _____
Education- Circle highest level completed: School Grades 1 2 3 4 5 6 7 8 9 10 11 12 College Years 1 2 3 4 5+Sex: ☐ Male ☐ Female Please Check Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced

If Married or Widowed, Spouse's Name (if wife, give maiden name) _____

Father's Name: _____ Father's Birth Place: _____
Last First Middle City, State Country (if not U.S.)Mother's Maiden Name: _____ Mother's Birth Place: _____
Last First Middle City, State Country (if not U.S.)**CHOOSE ONE:**☐ I **DO NOT** wish to have my cremated remains returned (leave recipient portion blank).☐ I **DO** wish to have my cremated remains returned to (complete recipient information below):

Recipient Name (Please Print) _____ Mailing Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Relationship _____

NOTARY: THE FORGOING IS SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____.

Notary's Signature _____ Notary's Printed Name _____ Notary's Bar or License No. _____ Notary's Commission Expiration Date _____

WITNESSES: We, the undersigned, affirm that we have witnessed the signing of this document by the donor.

Signature of Witness #1 _____

Signature of Witness #2 _____

Printed Name of Witness #1 _____

Printed Name of Witness #2 _____

PLEASE RETURN ORIGINAL FORM TO THE BUREAU. KEEP THE YELLOW COPY FOR YOUR RECORDS.