

CONTRACT FOR MAKING ANATOMICAL GIFT BEFORE DONOR'S DEATH

I, _____, hereby make an anatomical gift of my body, at my death, to the Western Carolina University Forensic Anthropology Program, for scientific study, education, training, and outreach pursuant to N.C.G.S. § 130A-412.7. I understand that the Western Carolina University Forensic Anthropology Program is not responsible for:

1. Arranging for transportation of my remains to Cullowhee, North Carolina;
2. Cold storage of my remains prior to receipt of them;
3. Production and filing of my death certificate; or
4. Any other costs incurred in the transferal of my remains to the Western Carolina University Forensic Anthropology Program and Facilities. I understand that arrangements for these services will be made with a funeral home.

By completing this donation paperwork, you acknowledge that you are familiar with the traditional research, education, training, and outreach uses of willed bodies by WCU's Forensic Anthropology Program ("Informed Consent" form), and you consent to have your remains participate in these experiences. You also acknowledge that you are familiar with the requirements for making an anatomical gift under the Revised Uniform Anatomical Gift Act (Part 3A of Article 16 of Chapter 130A of the North Carolina General Statutes). Additional consent for unique uses of human remains can be opted out below:

If you do NOT want your remains being used for the following unique types of experiences, please check the appropriate boxes:

I do **NOT** want my remains to be used in intentional research on skeletal modification. This research provides data and learning experiences to forensic anthropologists and other professionals in understanding how external factors may affect and modify the body and skeleton.

I do **NOT** want my remains to be used in genetic research. This research provides data and learning experiences to forensic anthropologists and other professionals in understanding human genetic variation and its role in identification. Note that WCU will not investigate health-related information or predisposition of genetic disorders, and any genetic data will be kept strictly confidential and not distributed in any open-access online databases.

Witness my hand on this _____ (day) of _____ (month), 20____ (year) at

City, State

Donor's signature

Date

Donor's printed name

Date

Donor's Address

Donor's phone number

Donor's email (optional)

Witness 1 signature

Date

Witness 1 printed name

Witness 1 address

Witness 2 signature

Date

Witness 2 printed name

Witness 2 address

This form does not need to be notarized

This form should be executed in triplicate and signed individually. The donor keeps one copy, one should be retained by the Next-of-Kin, and one copy should be sent to: Body Donation Program, Department of Anthropology and Sociology, Western Carolina University, Cullowhee, North Carolina 28723.