

**Augusta University
BODY DONATION
DONOR REGISTRATION FORM**

CONSENT FORM

I hereby state that it is my wish to donate my body to Augusta University, Medical College of Georgia immediately upon my death, for purposes of education and research in such manner deemed appropriate by the Augusta University Anatomical Donation Program.

I have read and agree to the program guidelines and policies explained in the Information for Donors document (Attachment). I understand that my donation may be refused if, at the sole discretion of the program's representative, the program is unable to accept it for any reason.

Signature

Date Signed

You must have TWO people sign as witnesses to your signature. The witnesses do not need to be notarized but they must be at least 18 years old and present at the time you sign the consent form.

#1 Witness Signature

Date Signed

#2 Witness Signature

Date Signed

VITAL STATISTICS

Please type or print

Legal Name: First Name

Middle

Last

Street Address

Within City Limits?

County

City/State

Zip Code

Telephone Number

Social Security Number

Date of Birth

City and State of Birth (Include country if not USA)

Usual Occupation (type of work performed during your career)

Kind of Business or Industry

Marital Status: (please circle) Never Married Married Widowed Divorced

Spouse's Name: First

Middle

Last

Have you ever been in the Armed Forces? (please circle) Yes No

Race: (please circle) African American Asian White American Indian

Other (specify): _____

Hispanic Origin? (please circle) Yes No

U.S. Citizen? (please circle) Yes No

Education: (circle highest grade completed)

1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5+

Father's Name: First

Middle

Last

Mother's Name: First

Middle

Last

Maiden Name

BRIEF MEDICAL HISTORY

Please type or print

REQUEST FOR ASHES

I request that my ashes be INTERRED in the Augusta University Cinerarium at the annual Memorial Service

OR

I request that my ashes be RETURNED to the recipient below.

Signature of Donor: _____

Recipient's Full Name

Address

Relationship