

## Body Donation Packet for Donating Deceased Individual

This packet contains all of the forms required for registering with our body donation program including (1) policy sheet; (2) body donation document; and (3) body donation questionnaire. Please feel free to contact us with any questions you may have. Please read the packet in its entirety.

1. **Body Donation Program Policy Document.** Please read, sign, and have your signature witnessed by two individuals.
2. **Body Donation Form.** Donation paperwork must be completed by *legal next of kin*. Please be sure that other potential agents of the deceased agree with donation to our program.
3. **Biological Questionnaire.** The information provided contributes to our research. Please complete this form to the best of your ability. If you cannot complete part of the form, leave it blank.



## Body Donation Program Policy

The donation of a person's body after death is a tremendous gift. We are grateful to everyone who expresses an interest in body donation. Please read the following carefully to determine if donorship is the right decision for you and your family.

1. The determination of donor acceptance shall be made by CMU in its sole discretion.
2. Unlike medical schools, we do not return remains to the family. The skeletal remains are a very important component to our research and teaching program and will benefit CMU students for generations to come.
3. We will arrange transportation to our facility if the deceased is located within 75 miles of Grand Junction, CO. Outside of the designated area, the Donor and/or the Donor's family must make arrangements for the transportation of the body to our facility and assume responsibility for any associated costs.
4. We reserve the right to decline donations of individuals who carry infectious disease such as HIV, tuberculosis, hepatitis of any kind, or antibiotic-resistant infections such as MRSA.  
***Our program cannot accept embalmed bodies.*** Or program ***does*** accept autopsied remains.
5. Donors with an infectious disease who still wish to donate may do so by choosing to have their remains cremated. A collection of cremated remains provides an invaluable learning resource and reference tool in forensic analysis. If you choose this option, please contact us prior to making arrangements with a crematorium. This allows us to work with the crematory involved to ensure that the remains are not pulverized. The family must assume responsibility for the arrangement and cost of cremation.
6. We require submission of signed donation documents prior to transport. This may be a faxed copy, but the original must be sent as soon as possible. Your donation paperwork will not be complete until originals are returned. An authorization for final disposition must accompany the body.
7. We do not perform autopsies to determine cause or manner of death. By Colorado State Law, the Coroner must release the decedent before the donation can be accepted into our program.

If you have any questions or concerns that have not been addressed in this letter, please feel free to contact us at 970-892-4705 or email [FIRS@coloradomesa.edu](mailto:FIRS@coloradomesa.edu).

## Next of Kin Acknowledgment of Body Donation Program Policy

I attest that I am the legal next of kin or authorized agent of the deceased, and have read, understand, and agree to the body donation policy of Colorado Mesa University's Forensic Investigation Research Station.

### Next of Kin/Authorized Agent

\_\_\_\_\_  
Printed name of Next of Kin/Executor

\_\_\_\_\_  
Signature of Donor/ Next of Kin/Executor

\_\_\_\_\_  
Street Address, City, State, Zip Code

\_\_\_\_\_  
Phone number with area code, E-mail (optional)

### Witness I

\_\_\_\_\_  
Printed name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Street Address, City, State, Zip Code

\_\_\_\_\_  
Phone number with area code, E-mail (optional)

### Witness II

\_\_\_\_\_  
Printed name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Street Address, City, State, Zip Code

\_\_\_\_\_  
Phone number with area code, E-mail (optional)

**Document for Donation of Deceased Person**

I, (print name) \_\_\_\_\_, hereby donate

(name of deceased) \_\_\_\_\_

to the Colorado Mesa University Forensic Investigation Research Station for the purpose of forensic decomposition and skeletal studies.

The list below presents persons authorized by Colorado state law to make this donation, in descending order of precedence.

By signing this document, I affirm that I am (check all that apply):

- an agent of the decedent at the time of death who has authority to make an anatomical gift;
- the spouse of the decedent;
- an adult child of the decedent;
- a parent of the decedent;
- an adult sibling of the decedent;
- an adult grandchild of the decedent;
- a grandparent of the decedent;
- an adult who has exhibited special care and concern for the decedent;
- a person who was acting as the guardian of the decedent at the time of death.

If there is more than one next of kin or authorized agent of the deceased reasonably available to make decisions concerning anatomical donation, the signer of this document affirms that:

\_\_\_\_\_ Members of the relevant class of persons entitled to make this decision have no objection to this donation;  
*Initial*

**OR**

\_\_\_\_\_ A majority of the members of this class who are reasonably available consent to this donation.  
*Initial*





Biological Questionnaire

Please complete the following information to the best of your ability. If you are unable to answer a question or section, leave it blank. If you need more space, additional sheets may be attached. All information provided is confidential.

Name Last First Middle

Date of Birth Sex: Male Female Military Service: Yes No

Social Security # Place of Birth (city/state):

Home Address City

County State Zip

Marital Status: (circle one): Never Married Married Widowed Divorced Unknown Other

Spouse: Last First Middle

Maiden Name (if applicable) Living Deceased UNK Children (number):

Parents' full names (include maiden names)

Name Sex: M F Place of Birth

Name Sex: M F Place of Birth

Highest Education Level (number of years): Highest Degree Earned:

Elem - High school (0-12): College (13-16): Advanced Degree (17+)

Usual/life-long Occupation Business/Industry

Childhood Socio-Economic Status (circle): Lower Lower-Middle Middle Upper Middle Upper

Race - Check all that apply:

- White
Black
Native American/Indigenous
Hispanic (specify)
Asian (specify)
Pacific Islander (specify)
Other (specify)

Name \_\_\_\_\_  
Last First Middle

**Residence History** (list additional locations as necessary)

Childhood (0-15 years of age):

City \_\_\_\_\_ State \_\_\_\_\_ From (year) \_\_\_\_\_ To (year) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ From (year) \_\_\_\_\_ To (year) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ From (year) \_\_\_\_\_ To (year) \_\_\_\_\_

Adult (any place lived for more than one year)

City \_\_\_\_\_ State \_\_\_\_\_ From (year) \_\_\_\_\_ To (year) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ From (year) \_\_\_\_\_ To (year) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ From (year) \_\_\_\_\_ To (year) \_\_\_\_\_

**Dental History** – Check all that apply:

Extensive Dental work                      Teeth Missing  None  Few  Many  All

Lower Dentures: Date \_\_\_\_\_                       Bridge                       Partial Plate                       Braces

Upper Dentures: Date \_\_\_\_\_                       Gum Disease                       Dental Disease

Other (describe) \_\_\_\_\_  
\_\_\_\_\_

**Medical History** (please indicate the approximate year for each; please provide more than a doctor's name).

Surgery (general): \_\_\_\_\_                       Plastic Surgery (type and location)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fractures \_\_\_\_\_                       Cancer (type): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_                      Treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_                      Length of Illness: \_\_\_\_\_

Auto Accident (with injury) YR: \_\_\_\_\_                       Smoker YRS? \_\_\_\_\_

**Name** \_\_\_\_\_  
Last First Middle

Spinal Injury YR: \_\_\_\_\_  Alcoholism YRS: \_\_\_\_\_  
 Open Heart Surgery YR: \_\_\_\_\_  Diabetes Type: \_\_\_\_\_  
 Prosthetics (e.g. Hip or knee replacement)  Other (Including childhood disorders):  
Type/Yr: \_\_\_\_\_  
Type/Yr: \_\_\_\_\_  
Type/Yr: \_\_\_\_\_

**Additional Information**  
Please provide any additional information you feel may be important, including current medications, location and timing of traumatic injuries, family history of an illness, etc. Please attach additional pages as necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Habitual Activities** (i.e. jogging, repetitive motions, life-long occupation activities, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Driver's License Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Recent Weight Loss:** yes \_\_\_\_\_ no \_\_\_\_\_  
**Handedness:** Right \_\_\_\_\_ Left \_\_\_\_\_ **Shoe size** \_\_\_\_\_ **Hair Color** \_\_\_\_\_  
**Eye Color:**  Blue  Green  Gray  Brown  Hazel  Other: \_\_\_\_\_

**Tattoo(s)**  Yes  No If yes, Description: \_\_\_\_\_  
Body Location: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Body Piercings(s)  Yes  No If yes, Description: \_\_\_\_\_  
Body Location: \_\_\_\_\_

**Next of Kin Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ email: \_\_\_\_\_

**Informant Information (if other than Donor or Next of Kin)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ email: \_\_\_\_\_

**Location of Death**

Location of death: \_\_\_\_\_ Date of Death \_\_\_\_\_  
Institution/Hospital \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
County \_\_\_\_\_

Thank you for taking the time to fill out this questionnaire and for the gift of donation.  
It is gifts such as yours that allow us to research and further understand complex questions of forensic relevance.  
Please feel free to contact us with questions or for additional information.

**Return completed forms to:**  
Dr. Christiane Baigent  
Forensic Investigation Research Station  
Colorado Mesa University  
1100 North Avenue  
Grand Junction, CO 81501

Phone: 970-248-1219  
Email: [FIRS@coloradomesa.edu](mailto:FIRS@coloradomesa.edu)