

## Body Donation Packet

This packet contains all the forms required for registering with our body donation program, including the policy sheet, body donation document, and 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**
  - A. We need one original copy of the body donation form with a valid signature returned with your donation paperwork. Copies of this form should be retained by you and/or your family for your records.
  - B. Signatures on the form
    - a. The top portion of the form is to be completed by the Donor. The Donor should be of legal age and sound mind and aware of the nature of our program at the time of signing.
    - b. The middle portion is to be completed by two adult witnesses. At least one witness should be a “disinterested witness”, meaning someone other than a close family member, guardian, or a person who exhibits a special care for the Donor.
    - c. A notary is not required for completion of this portion of the form.
  - C. Special Requests. Please state any special requests you may have as to how we use your remains at the bottom of this document or on an attached sheet. We will make every effort to honor any requests.
3. **Biological Questionnaire**
  - A. Please complete this form to the best of your ability.
  - B. Information provided contributes information for our research.
  - C. We ask that any changes of your statistical information be forwarded to us (ex. Name change, address change, significant health changes) in order for us to keep our record updated.
  - D. Please provide a picture of yourself. A frontal view of the face is preferred, such as on your driver’s license or passport. This will be used for research involving facial reconstruction and photographic superimposition as a means of identifying unknown individuals can first be conducted on known individuals.
4. **Acceptance into Program** Acceptance into our donation program will be determined once forms are completed and mailed back to us. You will receive a letter of acceptance and a Donor card with contact information to carry in your wallet.

## 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.

## **Donor 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.

### **Donor**

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Printed name of Donor

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Signature of Donor

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Street Address, City, State, Zip Code

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

### **Witness I**

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Printed name of Witness

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Signature of Witness

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Street Address, City, State, Zip Code

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

### **Witness II**

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Printed name of Witness

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Signature of Witness

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Street Address, City, State, Zip Code

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

## Body Donation Document

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Date

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Social Security Number

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Donor's Name (please print)  

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Address

It is my wish that at the time of my death, my body be made available for teaching and scientific purposes to Colorado Mesa University's Forensic Investigation Research Station and that it not be returned to my next of kin or any other recipient. I understand that Colorado Mesa University will pay for transportation of my body as long as it is located within a 75 mile radius of Grand Junction, CO.

I understand that the Forensic Investigation Research Station reserves the right to decline donations. If the Forensic Investigation Research Station is unable to use my body for these or other reasons, my next of kin must make other final disposition arrangements. The Forensic Investigation Research Station is not responsible for any costs associated with other necessary arrangements.

At the time of my death, I hereby relinquish all rights and claims regarding my body and direct that by accepting and using my body for teaching and scientific purposes and its subsequent disposition, neither the State of Colorado nor Colorado Mesa University nor the Forensic Investigation Research Station shall incur any liability and no manner of claim shall arise against the State of Colorado nor Colorado Mesa University nor the Forensic Investigation Research Station.

- [ ] If I die outside of a 75 mile radius of Grand Junction, CO my estate or next of kin pays the cost of transporting my body to Colorado Mesa University.
- [ ] I wish for my remains to be used for trauma research that will provide the foundation for training professionals in life saving techniques and in the construction of equipment that would enhance and/or prevent the need for these measures.
- [ ] I wish for my remains to be used in research on the impact of fire on human remains as it pertains to forensic casework, a subject greatly in need of further study.

Body Donor Signature: \_\_\_\_\_

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(Witness)

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(Witness)

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(Address)

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(Address)

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(Name of next of kin)

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(Signature of next of kin)

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(Address)

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(Relationship to Donor)



## 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.

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

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

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**Next of Kin Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ email: \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ email: \_\_\_\_\_

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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: 970-892-4705

970-892-4704

Email: [FIRS@coloradomesa.edu](mailto:FIRS@coloradomesa.edu)

cbaigent@coloradomesa.edu