



**Body Donation Information**  
**Complex for Forensic Anthropology Research**  
**Southern Illinois University-Carbondale**

Thank you for your interest in the Willed Body Donation Program at the Complex for Forensic Anthropology Research at Southern Illinois University-Carbondale. Enclosed you will find all the forms necessary for donation. Body donation is an extremely generous gift after death. We would like for you to be familiar with our policies prior to completion of paperwork.

- 1.) We **do not** return remains to the family. The skeletal remains are held in permanent curation and are a very important component to our research and teaching program.
- 2.) If the decedent is an organ and/or tissue donor, the body may still be donated to our program.
- 3.) We reserve the right to decline donations of individuals who have some forms of infectious disease such as HIV/AIDS, tuberculosis, hepatitis, or antibiotic resistant infections such as MRSA, even if contracted after the donation is arranged.
- 4.) All donors must be fully vaccinated against Covid-19 at the time of death or provide a negative Covid test taken within 24 hours before death.
- 5.) The donor or donor's family must make arrangements for the transportation of the body to our facility. We will not accept donations transported by family members of the deceased.
- 6.) A copy of the Release with the Next of Kin signature must be returned along with the Biological Questionnaire before the decedent can be received at CFAR. This may be submitted via fax or email. The original copy of the signature must also be sent in the mail.

If you have any questions or concerns that have not been addressed in this letter, please feel free to contact the Director of the Complex for Forensic Anthropology Research at 618-453-3298 or [gdabbs@siu.edu](mailto:gdabbs@siu.edu).

**RELEASE**

The Complex for Forensic Anthropology Research at Southern Illinois University-Carbondale has expressed a desire to make use of the remains of \_\_\_\_\_, Decedent, in its forensic science program, in the manner and for the purpose of enhancing the education of students enrolled at Southern Illinois University-Carbondale and for other educational and scientific research purposes.

I, \_\_\_\_\_ (Name), \_\_\_\_\_ (Relationship) of Decedent, desire to cooperate in furthering such scientific and educational purposes. I am a person authorized under the Anatomical Gift Act of Illinois to make the above gift, meeting the criteria of category \_\_\_\_\_, listed below.

FURTHER, I certify that to a reasonable degree of certainty, no individual exists who fulfills a criteria higher on the list than my stated relationship.

- 1.) An individual holding the decedent's health care power-of-attorney;
- 2.) The guardian of the person of the decedent;
- 3.) The spouse or civil union partner of the decedent;
- 4.) An adult child of the decedent;
- 5.) A parent of the decedent;
- 6.) An adult sibling of the decedent;
- 7.) An adult grandchild of the decedent;
- 8.) An adult grandparent of the decedent;
- 9.) A close friend of the decedent;
- 10.) The guardian of the estate of the decedent;
- 11.) Any other person authorized or under legal obligation to dispose of the body of the decedent.

THEREFORE, I release the Complex for Forensic Anthropology Research at Southern Illinois University-Carbondale and Southern Illinois University-Carbondale, its regents, trustees, employees, agents, and officers from any and all claims which I have or may acquire for possession or the right to dispose of and deal with the remains of my deceased \_\_\_\_\_ (Relationship).

By: \_\_\_\_\_  
Signature

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ I permit the remains to be used for trauma and other advanced research that benefits the  
Initials biomedical, medicolegal, and anthropological communities. Research of this type will help increase our knowledge of the processes of trauma, which will allow us to better interpret trauma in medicolegal death investigations and to work towards prevention in living people.

### Body Donation Questionnaire (1 of 3)

Please complete the following information by filling in the blank and/or circling an option for the decedent. If you need more space, additional sheets may be attached. All of the information is considered confidential. If unknown, please leave blank. If estimated, please note.

**Decedent's Full Legal Name** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Sex:** \_\_\_ male \_\_\_ female

**Race:**  White  Black  Hispanic  Other \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth** (city/state/county) \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Inside Carbondale city limits:** \_\_\_yes \_\_\_no

**Mother's Name (include maiden)** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ (height estimated? \_\_\_yes \_\_\_no) (weight estimated? \_\_\_yes \_\_\_no)

**Handedness:** Right \_\_\_ Left \_\_\_ **Shoe Size** \_\_\_\_\_ **Blood Type** \_\_\_ **Hair Color** \_\_\_\_\_ (natural color)

**Marital Status:**  Never Married  Married/Partnered  Widowed  Divorce  Other \_\_\_\_\_

**Spouse/Partner:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last (include maiden) First Middle

\_\_\_ Living \_\_\_ Deceased \_\_\_ Unknown

**Number of Children:** \_\_\_\_\_ **Number of full term pregnancies:** \_\_\_\_\_

**Highest Education Level (number of years)** Elem/Second (0-12): \_\_\_\_\_ College (1-4; 5+): \_\_\_\_\_

**Military Service:** yes \_\_\_ no \_\_\_ **Branch:** \_\_\_\_\_

**Childhood Socio-Economic Status:**  Lower  Lower-Middle  Middle  Upper-Middle  Upper

**Adult Socio-Economic Status:**  Lower  Lower-Middle  Middle  Upper-Middle  Upper

**Usual (life-long) Occupation** \_\_\_\_\_

**Business/Industry** \_\_\_\_\_

**Geographic History** (use back or additional sheet of paper if necessary)

**Where did decedent spend the first 10 years of life?**

City \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Body Donation Questionnaire cont. (2 of 3)**

**Where did decedent spend the last 20 years of life?**

City \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Dental History – (please indicate the year or approximate age for each)**

Braces: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ age

Bridge: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ age

Dentures: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ age

Dental Trauma: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ age

Please describe the above information and any other you feel may be important, including gum disease, tooth restorations (fillings), etc.

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**Medical History (please indicate the year or approximate or age for each)**

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

Fractures \_\_\_\_\_

Auto Accidents (traumatic) \_\_\_\_\_  Cancer (type) \_\_\_\_\_

Spinal Injuries \_\_\_\_\_ Treatment type? \_\_\_\_\_

Open Heart Surgery \_\_\_\_\_  Smoker \_\_\_\_\_ yes \_\_\_\_\_ no If yes, how long? \_\_\_\_\_

Amputations \_\_\_\_\_  Alcoholism \_\_\_\_\_ yes \_\_\_\_\_ no

Prosthetics \_\_\_\_\_  Other (including childhood disorders) \_\_\_\_\_

Diabetes \_\_\_\_\_

**Medical History (continued)** Please describe the above information and any other you feel may be important, including current medications, timing of injuries, the locations of traumatic injuries, etc.

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**Habitual Activities (i.e., jogging, repetitive motions, etc.)**

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**Body Donation Questionnaire cont. (3 of 3)**

**Eye Color**  Blue  Green  Gray  Brown  Hazel  Other \_\_\_\_\_

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

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

**Informant Information**

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

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Location of Death (if applicable)** \_\_\_\_\_ **Date of Death** \_\_\_\_\_

Institution/Hospital \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Please include a photograph of the decedent along with this questionnaire, preferably one where the decedent is facing forward and smiling. If childhood pictures are available please include photos of different ages and indicate age on back of photo. Please also include any health records, x-rays, or other information available.*

We request that you designate the Complex for Forensic Anthropology Research for charitable donations in memory of the decedent. Giving a contribution in honor of the donor provides an opportunity to celebrate a loved one as well as support our mission.

Thank you for taking the time to fill out this questionnaire. If we can be of further assistance, please feel free to contact us.

Return completed forms to:

Complex for Forensic Anthropology Research  
c/o Gretchen R. Dabbs  
Southern Illinois University-Carbondale  
1000 Faner Dr.  
Mail Code 4502  
Carbondale, IL 62901  
Phone: (618) 453-3298  
Fax: (618) 453-5037  
Email: gdabbs@siu.edu