



Anatomical Gift Program
Department of Neuroscience
College of Medicine

4301 W. Markham St., #510
Little Rock, AR 72205-7199

MAIN: 501-686-7019
FAX: 501-296-1267

medicine.UAMS.edu/neuroscience



Anatomical Gift Program Donation Registration Form

Please provide the following information to register with our program. We realize some information may change before the donation, but we have found it beneficial for both you and your next of kin to collect your wishes in advance and ensure your intentions are honored within the program. This information is for completion of the Arkansas State Death Certificate

Complete legal name (first, middle, last, suffix):

Date of Birth Place of Birth

Primary phone number: Alternate phone number:

Social Security Number: Email:

Have you ever been in the Armed Forces? O Yes O No Gender: O Male O Female

Residence address (must reside in Arkansas to register)

Is residence within city limits? O Yes O No Residence county:

Current marital status: O Married O Divorced O Married, but separated O Never married O Widowed

If married, provide spouse's full name (if wife, maiden name):

Father's name (first, middle, last):

Mother's maiden name (first, middle, last)-:

Usual occupation before retirement: Business or industry:

- Education Level: O 8th grade or less O Bachelor's degree (e.g., BA, AB, BS)
O 9th-12th; no diploma O Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
O High School Graduate, GED O Doctorate (e.g., PhD, EdD) or Professional Degree
O Some College credit, but no degree O Unknown
O Associate degree (e.g., AA, AS)

- Hispanic Origin: O No, not Spanish/Hispanic/Latino O Yes, Mexican, Mexican American, Chicano
O Yes, Puerto Rican O Yes, Cuban
O Yes, Other Spanish/Hispanic/Latino O Unknown
Please specify

- Race: O White O Filipino O Guamanian or Chamorro
O Black or African American O Japanese O Samoan
O American Indian or Alaska Native O Korean O Other Pacific Islander
Name of tribe Specify
O Asian Indian O Other Asian O Other, Specify
O Chinese O Native Hawaiian O Unknown



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Pursuant to the provisions of the UNIFORM ANATOMICAL GIFT ACT

(§§ 20-17-601 through 20-17-607) of the State of Arkansas, I hereby give my whole body, to be delivered after my death as provided in the aforementioned law, to the Anatomical Gift Program in the Department of Neurobiology and Developmental Sciences at the University of Arkansas for Medical Sciences to be used in medical education, teaching and research. To fulfill the purposes hereby intended my body is not to be autopsied.

Yes____ No____ *I wish to have my ashes returned to my family.*

Yes____ No____ *My body may be used for education, teaching and research in any manner that the University of Arkansas for Medical Sciences deems necessary, including out of state teaching facilities.*

Yes____ No____ *My body may be utilized for education, teaching and research at other teaching facilities and Universities in the state of Arkansas only.*

Yes____ No____ *Organs or parts of my body may be permanently preserved for education and teaching purposes at the University of Arkansas for Medical Sciences.*

_____ *I understand that there are reason at time of death that may cause my donation to be rejected. Those include, HIV/Aid's, Tuberculosis, any form of Hepatitis, Sepsis, MRSA, Obesity, Emaciation, program capacity and staffing issues.*

Complete and sign this form. Mail the form in the enclosed prepaid envelope to: Anatomical Gift Program, Department of Neurobiology and Developmental Sciences #510, 4301 West Markham Street, Little Rock, Arkansas 72205-7199. (501) 686-7019.

Print Full Name

Signature

Print Address

Telephone Number

Date of Birth

Social Security

Witness Signatures:

Witness: _____

Date: _____

Relationship to donor: _____

Witness: _____

Date: _____

Relationship to donor: _____