

Anatomical Board of the State of Nebraska

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Department of Medical Education
School of Medicine
Creighton University
Omaha, Nebraska 68178
(402) 280-2542

Department of Genetics, Cell Biology, and Anatomy
College of Medicine
University of Nebraska
Omaha, Nebraska 68198-6395
(402) 559-4030

Certificate of Bequeathal and Cremation Authorization

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I, _____ hereby express my wish to donate my body following my death to the Anatomical Board of the State of Nebraska. I understand that this is a statement of my wish and intention to dedicate myself to medical education and scientific research in the state of Nebraska. In order that this wish may be carried out promptly and effectively after my death, I accept responsibility for obtaining the consent of all relatives or close friends likely to have concerns about the cremation and final disposition of my body. I also authorize the release of my medical records to the Anatomical Board of Nebraska.

I have indicated my preference below for the location of the study, however, I understand the Board may assign my body to the university where needed in order to make optimum use of all donors. Creighton University, the University of Nebraska and the Anatomical Board will make a reasonable effort to respect my preference.

_____ The University of Nebraska
_____ Creighton University
_____ No Preference

Signed _____

Address _____

City _____

State _____ Zip _____

Date _____

Phone (_____) _____

Witness _____

Witness _____

(Witnesses should not be members of your family)

(Return this page)

Endorsements of Family: We understand and support the intent indicated in this Certificate of Bequeathal and agree to cremation of the donor in accordance with applicable laws and regulations.

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Date Signed</u>
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If it is a burden for family members to sign above and they support your decision for donation and cremation, check the boxes below after you have contacted them.

Are there any other close relatives (spouse, parents, grown children, brothers or sisters) who have not signed? Yes ____ No ____

Will they respect the donor's wishes and honor the bequeathal and cremation? Yes ____ No ____

PLEASE CHOOSE THE FINAL DISPOSITION OF HUMAN CREMATED REMAINS:

1. INTERMENT by the Nebraska Anatomical Board at a cemetery chosen by:

Creighton University or The University of Nebraska

2. RETURN the human cremated remains of the donor to: FAMILY MORTUARY CEMETERY

Please indicate address: _____

Notification of Memorial Service: Each year the students from each medical center hold a memorial service to honor donors who have contributed to their education. Families who want to be invited to the memorial service after the study has been completed should indicate below.

Notify family member of memorial service after study is completed? Yes ____ No ____

Name of person to notify:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
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Email

Next of kin or person in charge of donor's affairs:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
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Email

(Before returning the bequeathal form, make a copy of both sides for a family member, close friend or attorney and one for your records.)

BRIEF MEDICAL HISTORY

(Return this page)

Please Print

Height: _____ Ft. _____ In. **Weight** _____ lbs. (*required*)

Disease History (*childhood diseases, heart, kidney, etc.*):

Operation and Accident History:

Disabilities or Deformities:

Occasionally a problem may exist which would interfere with the intended use of a donor's gift for education and research. The body may not be accepted if any of the following conditions are present: autopsy, organs or parts removed for transplantation (with the exception of eyes), decomposition of the body, severe trauma, drowning, burning, homicide, motor-vehicle accident, death from suicide, contagious disease such as HIV or Hepatitis B or C, morbid obesity, emaciation, body contracture, jaundice, edema or morbid obesity. The Board also cannot receive donors when storage is full.

DEATH CERTIFICATE INFORMATION

(Return this page) - Please Print

Name: Last _____

First _____

Middle _____

Sex: _____

Date of Birth: _____

Social Security Number: _____

City and State of Birth: _____

Primary occupation prior to retirement: _____

Marital Status (*circle one*): **Never Married** **Married** **Widowed** **Divorced**

Name of Surviving Spouse: _____

If wife, give Maiden Name: _____

Father's Name: _____

Mother's Name, including Maiden Name: _____

Dates of Military Service (*if applicable*): _____ to _____
Month Day Year Month Day Year

Education: (0-12 years) _____ College (# of years) _____ Degree _____

Hispanic Origin? NO _____ YES (specify) _____

Race:

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Samoan | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Other (Specify) |

Current Doctor - Name and Address: _____

Please mail completed pages for enrollment to:

The Nebraska Anatomical Board
986395 Nebraska Medical Center
Omaha, NE 68198-6395