

THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIVERSITY
ANATOMICAL GIFT PROGRAM

DONOR INFORMATION SHEET

To be completed by all donors

Donor's full name: _____

Date of birth: _____ Social Security Number: _____

Place of birth: _____ U.S. Citizen Yes ___ No ___

Marital status: Married ___ Never married ___ Widowed ___ Divorced ___

Spouse: _____ Donor's (Maiden Name) _____

Present occupation: _____

(If retired, give occupation before retirement)

Education (highest grade completed) (optional): _____

Father's name and place of birth (if known): _____

Mother's name and place of birth (if known): _____

(Include maiden name)

U.S. Veteran: Yes ___ No ___ Rank/Rate _____ War _____

Ethnicity: _____

(eg.: African-American, Native American, Hispanic, Caucasian (not Hispanic), etc. – please specify)

Next of kin: _____

Next of kin address: _____

(Street and number, city, state, zip code)

Next of kin relationship: _____ Next of kin telephone: _____

Nearest relative _____

Address and telephone _____

Do you want your cremated remains returned to your family?: Yes _____ No _____

Who should the remains be returned to?: 1st person & relationship: _____

2nd person & relationship: _____

The Warren Alpert Medical School of Brown University in Providence, RI reserves the right to decline my donation at the time of death if my remains are deemed unsuitable for educational purposes, or if the volume of the donations exceeds Brown's ability to accommodate them. For example, a body is unsuitable for study if it has been autopsied or embalmed. Additional conditions that may render a body unsuitable include: a communicable disease or extensive trauma at the time of death, advanced decomposition, and extreme obesity or malnutrition. I understand that although Brown reserves the right to decline a body donation if it's facility is temporarily full, as an ongoing body donation program it tries to accept all registered donors. I have discussed alternate plans with my family in the event that Brown cannot accept the gift of my body at the time of my death.

Upon completion of the studies, which may take as long as two to three years, the body is cremated unless otherwise requested **in writing**.

(Mr.)

(Ms.)

I (Mrs.)

Please circle one

Please print or type full name (no initials)

Social Security Number

Being of the age of eighteen or over and of sound mind and disposition, and desiring to be of service to my fellow man, I do hereby donate and bequeath my body upon my demise to The Warren Alpert Medical School of Brown University in Providence, RI. My body is to be used, in whatever manner appropriate, for the training of medical personnel and the advancement of medical science through education and research. My family is aware of these arrangements.

I understand that Brown reserves the right to decline my donation at the time of death if my remains are deemed unsuitable for educational purposes, or if the volume of the donations exceeds Brown's ability to accommodate them. For example, a body is unsuitable for study if it has been autopsied or embalmed. Additional conditions that may render a body unsuitable include: a communicable disease or extensive trauma at the time of death, advanced decomposition, and extreme obesity or malnutrition. I understand that although Brown reserves the right to decline a body donation if its facility is temporarily full, as an ongoing body donation program it tries to accept all registered donors. I have discussed alternate plans with my family in the event that Brown cannot accept the gift of my body at the time of my death.

I understand that if death occurs outside of the State of Rhode Island or at a distance greater than a 45 mile radius from Providence, RI, Brown will not be able to accept my donation unless transportation of my unembalmed body can be quickly arranged. The additional cost of transportation outside of the 45 mile radius must be absorbed by my estate. If transportation cannot be arranged, my Executor can contact the nearest medical school for possible disposition.

I further direct that my next of kin, Executor or physician telephone Monahan, Drabble & Sherman Funeral Home, Providence, RI, (401) 421-9887, to make all arrangements for my preparation and delivery to Brown University, Providence, RI. Upon completion of the studies, which may take as long as two to three years, my body will be cremated.

Signed _____

Address _____

City _____, RI Zip Code _____

Telephone _____

Date _____

WITNESSED BY (Next of kin if possible) :

Signature and printed name

Address _____ Telephone _____
Street City State Zip Code

Signature and printed name of second witness

Address _____ Telephone _____
Street City State Zip Code

Please complete the front and reverse side of page 1 and return to:

**Anatomical Gift Program
The Warren Alpert Medical School of Brown University
Box G-B204
Providence, RI 02912**