



Body Donation Program Registration Form

The information on this form is required for registration purposes and will ultimately be used for the death certificate. Please carefully complete the entire form. If an item is unknown or unobtainable, write that in the space; do not leave blank entries. Please keep your registration current by updating any information that changes.

Select Type: New Registration Registration Update

Donor's Full Legal Name _____
First Middle Last

Address _____ City _____
Number and Street Apartment/Unit or Village/Township

State _____ Zip _____ County _____ In City Limits? Yes No

Phone Number _____ Email Address (if applicable) _____

Date of Birth ____/____/____ Sex Male Female Social Security Number _____
Month Day Year

Birthplace _____
City and State or Foreign Country

Race (White, Black or African American, American Indian, etc.) _____

Hispanic Origin? Yes No If yes, specify origin _____

Marital Status Never married Married Married but separated Divorced Widowed

Spouse's Name _____
(if applicable) First Middle Last (prior to first marriage)

Education 8th grade or less 9th-12th, no diploma High School Graduate or GED College, but no degree
 Associate degree Bachelor's degree Master's degree Doctorate/Professional degree

Occupation _____ Business/Industry Type _____
(prior to retirement)

Ever Serve in the US Armed Forces? Yes No If yes, specify details

Branch Air Force Army Coast Guard Department of Defense Marine Corps Navy Other

Entry Date ____/____/____ Separation/Discharge Date ____/____/____
Month Day Year Month Day Year

Separation/Discharge Type Honorable General Other Than Honorable Bad Conduct Dishonorable

Father's Name _____
First Middle Last

Mother's Name _____
First Middle Last (prior to first marriage)

Next of Kin's Name _____ Relationship _____
First Middle Last

Address _____ City _____
Number and Street Apartment/Unit or Village/Township

State _____ Zip _____ County _____ Phone _____

Your Wish for Disposition of Cremated Remains – Upon completion of our studies, which could take anywhere between several weeks and 18 months, the remains are individually cremated. Please indicate your wish for final disposition of the cremated remains from the two options listed below. We strongly encourage you to discuss this wish with your family and next of kin because your next of kin will ultimately make the final decision. Please also know that the final decision should be considered a permanent one.

My wish at this time is for my cremated remains to be:

- Placed in program's niche at Lake View Cemetery *or*
- Given to next of kin

Donor's Consent – I hereby instruct, in the presence of the following witnesses, that it is my desire to donate my body after death to Cleveland Clinic for teaching purposes, scientific research, or for such purposes as the authorized representatives of Cleveland Clinic shall, in their sole discretion, deem advisable. I understand that this form is not used for organ donation purposes and that a copy of this signed statement will be placed on file with Cleveland Clinic. My signature below indicates that the information on this form is accurate and true to the best of my knowledge.

Donor's Printed Legal Name _____
First Middle Last

Signature _____ **Date** _____

Witnesses – Two witnesses are required; they must be 18 years or older and not affiliated with Cleveland Clinic. Witness #1 can be any person you choose. Witness #2 must be a disinterested witness, meaning someone other than spouse, domestic partner, child, parent, sibling, grandchild, grandparent, or guardian of the individual who makes, amends, revokes, or refuses to make an anatomical gift; or another adult who exhibits special care and concern for the individual.

We, the undersigned, have witnessed the signing of this document by the donor.

Witness #1
Name _____
Address _____
City/State/Zip _____
Signature _____

Witness #2
Name _____
Address _____
City/State/Zip _____
Signature _____

Return the completed registration form to Cleveland Clinic by mail, email or fax. Upon receipt, the form will be processed and the acknowledgement letter/donor cards will be mailed. If you have questions, contact the program's administrative office at BodyDonation@ccf.org or at 216.444.6870.

Mail Cleveland Clinic
Body Donation Program
9500 Euclid Ave. / NA22
Cleveland, OH 44195

Email BodyDonation@ccf.org

Fax 216.444.5328

PLEASE NOTE: Even if you are pre-registered for our program, you must meet the conditions for acceptance at the time of death in order for us to accept your body donation. Please see Conditions for Acceptance in our brochure or on our website at clevelandclinic.org/bodydonation.

THIS IS A LEGAL DOCUMENT UNDER THE UNIFORM ANATOMICAL GIFT ACT OR SIMILAR LAWS