## Cleveland Clinic

## **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 Registrati	ion	Ipdate							
Donor's Full	Legal Name									
First			Middle	Last						
Address	Number and Stre			City ′Unit	or Village/Township					
State					In City Limits? See See See See See See See See See Se					
	:P				,					
Phone Number Email Address (if applicable)										
Date of Birth		Sex □Male	e □Female S	ocial Security	Number					
Birthplace										
Pace (White	City and State	morican Amorican Ind		or Foreign Coun						
race (write,	BIACK OF AFFICATI AF	nencan, American inu	nan, etc.)							
Hispanic Orig	gin? □Yes □No	If yes, specify origin _								
Marital Statu	<b>ıs</b> □Never marrie	d □Married □N	Aarried but sepa	arated 🗆 Di	vorced 🗆 Widowed					
	me									
(if applicable)		First	Middle		Last (prior to first marriage)					
	∃8 <sup>th</sup> grade or less ∃Associate degree	□9 <sup>th</sup> -12 <sup>th</sup> , no diplon □Bachelor's degre	C C		or GED College, but no degree					
Occupation _			_ Business/Indu	stry Type						
(prior to retiren	nent)									
Ever Serve in	the US Armed For	r <b>ces?</b> □Yes □No If	ves, specify det	ails						
					Marine Corps					
	_		•							
Entry Dat	e / / / Month Day	/Se Year	eparation/Disch		/ Month Day Year					
Separatio			neral 🗆 Other		ble $\Box$ Bad Conduct $\Box$ Dishonorable					
Father's Nam	ne									
	First	Middle	Last							
First Middle	Last (prior to first m	arriage)								
Next of Kin's	Name				Relationship					
	First	Middle	Last		· · · ·					
Address				City	,					
	Number and Stre		Apartment	·	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
- $\hfill\square$  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 Prin	ted Legal Name				
	First	Middle	Last		
Signature				Date	

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 <u>BodyDonation@ccf.org</u> or at 216.444.6870.

 Mail
 Cleveland Clinic
 Email
 BodyDonation@ccf.org
 Fax
 216.444.5328
 Body Donation

 Program
 9500 Euclid Ave. / NA22
 Cleveland, OH 44195
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**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

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