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 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** _____

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

Rev. 11/2017