

HOWARD UNIVERSITY

COLLEGE OF MEDICINE  
DEPARTMENT OF ANATOMY

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DEPARTMENT OF ANATOMY  
ANATOMICAL DONOR PROGRAM

DONOR INFORMATION SHEET (All information pertains to decedent)

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Citizen of what country? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mother's Maiden Name & birthplace: \_\_\_\_\_

Father's Name & birthplace: \_\_\_\_\_

Sex: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Ethnic Identity: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Education (highest level): \_\_\_\_\_

Occupation: \_\_\_\_\_

(Please list decedent's long-term occupation. Do not enter Retired.)

Place of last employment: \_\_\_\_\_

Veteran? Yes \_\_\_\_ if 'Yes', list branch \_\_\_\_\_ No \_\_\_\_

Next of Kin

Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_



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**ANATOMICAL DONOR PROGRAM  
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BEQUEATHAL FORM  
(TO BE COMPLETED BY NEXT OF KIN)**

This is to advise that the body of the decedent \_\_\_\_\_ is donated to the Department of Anatomy at the College of Medicine at Howard University. This anatomical gift shall be used for teaching purposes, scientific research, or for service functions of the department. I am the nearest next of kin and bear the relationship of \_\_\_\_\_.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME (PLEASE PRINT): \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Two witnesses are necessary. All signatures are to be performed in the presence of a Notary Public. Notary seal and signature are required here.

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

NOTARY: \_\_\_\_\_

LICENSE EXPIRATION DATE: \_\_\_\_\_

Does the family request the cremated remains to be returned? Yes \_\_\_\_ No \_\_\_\_

If yes, please include address, phone number, and email where we can contact you. Cremated remains are to be picked up by family members when completed (Please print):

\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

