

**WILLED BODY PROGRAM**

5323 HARRY HINES BLVD. / DALLAS, TEXAS 75390-9143 / 214-648-2221 FAX 214-648-4506

**PERSONAL DATA**

Social Security #: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
FIRST MIDDLE LAST MAIDEN

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
MONTH DAY YEAR CITY COUNTY STATE

Male  Female Marital Status:  Married  Never Married  Widowed  Divorced

Black  Caucasian  Hispanic Origin If other, specify: \_\_\_\_\_

Usual Occupation: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
(Please list work done during most of working life. DO NOT USE RETIRED.)

Level of Education: Grades (0-12) \_\_\_\_\_ College: \_\_\_\_\_  
SPECIFY SPECIFY

**For Notification:**

Immediate Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_  
FIRST MIDDLE LAST

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**Please list parents' names even if deceased.**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
FIRST MIDDLE LAST FIRST MIDDLE LAST

Spouse: \_\_\_\_\_  
FIRST MIDDLE LAST (INCLUDE MAIDEN NAME IF APPLICABLE)

**Veterans – Please complete the following**

U.S. Veteran:  Yes  No Branch of Service: \_\_\_\_\_ Military Rank: \_\_\_\_\_ Military Unit: \_\_\_\_\_

I authorize the Anatomical Board of the State of Texas to transport the willed/donated body herein described out of the State of Texas in the event that the holding institution and the Executive Secretary of the Board have determined that an excess of bodies for scientific uses currently exists in the state of Texas.

ARE CREMATED REMAINS TO BE RETURNED?  Yes  No

If yes, please note that cremated remains will usually be returned in approximately six to twelve months. Next of kin will be contacted by phone and by letter prior to delivery. In some cases, it may not be possible to comply if the request is made at a later date or if cremated remains are not available due to medical research.

PLEASE KEEP THIS INFORMATION CURRENT WITH OUR OFFICE.  
PLEASE COMPLETE – MAIL ORIGINAL BACK TO OUR OFFICE AND RETAIN CARBON COPY FOR YOUR RECORDS.