

State of Louisiana
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF ANATOMICAL SERVICES
1901 Perdido Street
New Orleans, LA 70112 (504)568-4012

DONATION FORM

I wish to donate my body subsequent to my death to the BUREAU OF ANATOMICAL SERVICES for medical research and education. To ensure that as many suitable donor bodies as possible may be accepted, if an excess number of donations occurs, I authorize the Bureau of Anatomical Services to transfer my body to another medical research or teaching institution if necessary.

I understand that acceptance of my body at the time of death cannot be guaranteed. I understand that my body may not be acceptable for the Bureau if my body was damaged by severe trauma, an autopsy or embalming procedure was performed, a contagious disease is present at the time of my death, my body is excessively emaciated or obese, excessive time has elapsed after death, or my body is deemed unacceptable by the President of the Bureau of Anatomical Services for any other reason. If my body is not acceptable, my survivors will have to make other arrangements for the final disposition of my body. If my body is acceptable, I authorize release of pertinent radiographs and information from my medical records to the Bureau of Anatomical Services to be used **anonymously**, only for scientific and educational purposes.

I understand that following utilization of my body for medical research or education which may require two or three years or longer to complete, the final disposition of my body will be by cremation.

Bureau of Anatomical Services: LSUHSC- New Orleans, LSUHSC Shreveport

Donor Signature: _____ Date: _____

Mr. _____
Mrs. _____
Miss _____
Print Full Legal Name Social Security Number Date of Birth

Mailing Address City State Zip Code Phone Number

Birthplace: _____
City State Country (if not U.S.) Citizen of U.S. Ever in US Armed Services

Usual Occupation Kind of Business or Industry Color or Race
(Kind of work before retirement)

Education- Circle highest level completed: School Grades 1 2 3 4 5 6 7 8 9 10 11 12 College Years 1 2 3 4 5+

Sex: Male Female Please Check Marital Status: Married Never Married Widowed Divorced

Spouse's Name (if wife, give maiden name) _____

Father's Name: _____ Father's Birth Place: _____
Last First Middle City, State Country (if not U.S.)

Mother's Maiden Name: _____ Mother's Birth Place: _____
Last First Middle City, State Country (if not U.S.)

CHOOSE ONE:

I **DO NOT** wish to have my cremated remains returned. I **DO** wish to have my cremated remains returned to:

Name (Please Print) Relationship

Mailing Address City State Zip Code Phone Number

Witness Signatures: _____
Witness # 1 Witness # 2

PLEASE MAKE A COPY FOR YOUR RECORDS
Mail ORIGINAL to: Bureau of Anatomical Services•1901 Perdido Street•New Orleans, LA 70112