



**University of Southern California  
Keck School of Medicine  
ANATOMICAL GIFT PROGRAM  
1333 San Pablo St., MMR 118, Los Angeles, CA 90089-9143  
Phone: 323-442-1229 or 323-442-1191**

I, \_\_\_\_\_, donate my body, immediately following my death, to the University of Southern California, Keck School of Medicine, 1333 San Pablo Street, Los Angeles, California 90089. My body shall be utilized by the University of Southern California, Keck School of Medicine ("USC") for teaching, scientific research, or such purposes as USC shall, in its sole discretion, deem advisable. I authorize USC to cremate my body at the conclusion of its studies. I adopt these descriptive and declarative terms and conditions as my own and make them my instructions for the disposition of my body upon my death.

**1. Final Disposition of Remains**

Upon completion of the use of my body or any part of my body, I elect the following disposition of any remaining material (choose one):

\_\_\_\_\_ Cremation **without** the return of cremated remains. I designate the USC Anatomical Gift Program or its assignee to dispose of the cremated remains consistent with applicable law. I specifically waive subdivision (b) of Section 7151.40 of California Health & Safety Code.

**OR**

\_\_\_\_\_ Cremation **with** the return of cremated returns pursuant to the instructions set forth below. (*Continue to Page 2 to provide disposition instructions.*)

**OR**

\_\_\_\_\_ Cremation **with** ultimate disposition in accordance with the terms of the attached "DISPOSITION INSTRUCTION FORM." (*Continue to Page 7 to provide disposition instructions.*)

**THIS SECTION IS TO BE COMPLETED IF YOU HAVE ELECTED "CREMATION WITH THE RETURN OF CREMATED RETURNS," IN SECTION ONE, ABOVE.**

Individual to whom my cremated remains are to be returned: \_\_\_\_\_

Relationship to donor: \_\_\_\_\_

In the event that the above-named individual is unable or unwilling to accept the return of my remains, or USC is unable to locate the above-named individual after making reasonable efforts to do so, I hereby direct USC as follows (choose one):

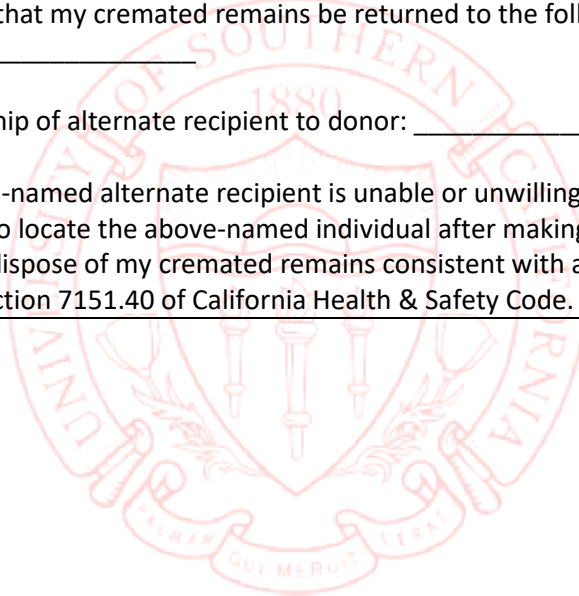
\_\_\_\_\_ Dispose of my cremated remains consistent with applicable law. I specifically waive subdivision (b) of Section 7151.40 of California Health & Safety Code.

\_\_\_\_\_ If the above-named individual is unable or unwilling to accept the return of my remains, I request that my cremated remains be returned to the following alternate recipient:

\_\_\_\_\_

Relationship of alternate recipient to donor: \_\_\_\_\_

In the event that the above-named alternate recipient is unable or unwilling to accept the return of my remains, or USC is unable to locate the above-named individual after making reasonable efforts to do so, I hereby authorize USC to dispose of my cremated remains consistent with applicable law. I specifically waive subdivision (b) of Section 7151.40 of California Health & Safety Code.



## 2. Retention of Remains for an Unspecified Period of Time

Your decision to make an anatomical gift to USC is sincerely appreciated. Your gift will greatly enhance the education of future health care providers. Sometimes further benefits can be derived from your donation by long-term retention of portions of your body. For example, there may be significant educational benefit in retaining specimens demonstrating organ processes in pristine condition, so that students or researchers may study the specimens.

**THIS SECTION IS TO BE COMPLETED IF YOU WISH TO ALLOW USC TO RETAIN A PORTION OF YOUR BODY FOR AN UNSPECIFIED PERIOD OF TIME FOR EDUCATIONAL PURPOSES.**

**Leaving this section of the document incomplete does not affect your decision to donate your entire body to USC.**

**By signing this section, I am giving my permission to USC to retain portions of my body for an extended period of time before my body, or any portion thereof, is sent for cremation. Thus, the retained portion(s) of my body will not be included when my remains are cremated and disposed of in accordance with my wishes as indicated in Section 1, above. I understand that the retained portion(s) of my body may be cremated at a future time and will not be returned.**

**SIGNATURE OF DONOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The donor's signature acknowledges an understanding of donor responsibilities and Anatomical Gift Program policies.

**PLEASE PRINT (Donor Information)**

**NAME:** \_\_\_\_\_

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

**PHONE:** \_\_\_\_\_

## 3. Additional Acknowledgements

I have read, understand, and acknowledge the following:

- a) Generally, most studies are concluded within two (2) to four (4) years from the time of donation. If I have designated a recipient to whom my cremated remains are to be returned, the cremated remains must be picked up within three (3) years after the date of cremation. If USC does not hear from the designated recipient within three (3) years following the cremation, I understand that the cremated remains will be sent to the Los Angeles County Coroner for disposition consistent with the County's practices in place at that time.
- b) Under no circumstances will USC return any items that are part of the donation such as implants, pacemakers, teeth or inlays, etc. once the Donor has been transported to the Program's facilities.
- c) No written report of findings concerning a donated body will be made to any individual or organization.

- d) USC retains the right to decline donations at any time for any reason. Compliance with State and County regulations regarding the timely filing of appropriate paperwork may impede USC's ability to accept donations outside of Los Angeles County. USC will not accept an anatomical gift if: (i) embalming has already occurred; (ii) an autopsy has been performed, or any vital organs other than eyes have been removed for transplant donation; (iii) the Donor weighs 200 pounds or more, and/or has a Body Mass Index of 30 or greater at the time of death; (iv) decomposition of the body due to time or place of death or trauma has caused the donation to be unsuitable for anatomical studies; or (v) the Donor presents with certain conditions including, but not limited to: recent surgery; decubitus ulcers; jaundice; hepatitis; HIV, Creutzfeldt-Jakob disease; Methicillin-resistant staphylococcus aureus (aka MRSA); Covid-19; or any other contagious disease.
- e) USC faculty, staff, or students may photograph or videotape certain Donor remains or materials which may be used for educational, instructional, or research purposes. By signing below, I permit my remains to be photographed or videotaped for these purposes. These photographs or videotapes, which may include still images, motion recordings, prints, negatives and/or any other visual and audio recordings, or reproductions in any format (collectively, the "Footage"), may be used by USC or other medical and/or academic institutions, entities, and organizations for educational, instructional, or research purposes only. These uses may include, but are not limited to, use in textbooks or educational software, research databases, etc. The Footage will not include any identifying features. USC is and shall be the sole and exclusive owner and holder of all intellectual property rights, title, and interest to any and all the Footage, including copyrights. By signing this document, I waive any right to compensation for such uses, and I and my successors or assigns also release and hold harmless USC, from and against any claim for any injury in connection with the use of the Footage and any compensation resulting from the activities I authorized in this document.
- f) USC has an ongoing need for donations and carefully reviews all possible donations for educational and research purposes. USC strives to accept most donations, however, Donors (or their families and heirs) should plan alternative arrangements for cremation and/or burial, in the event a donation is not accepted.
- g) Delivery of an executed Agreement to USC may be made by facsimile or electronic mail and shall be deemed to have been duly and validly delivered and be valid and effective for all purposes.

Please call 323-442-1229 for both general information during business hours and for emergency service. This telephone number is equipped with voice mail to ensure that messages received on weekends, holidays and evenings will be responded to promptly the next business day. **USC must be notified of the death of the donor within 48 hours.** Our policies and procedures are subject to change from time to time.

*[Remainder of Page Intentionally Blank; Signature Page to Follow]*

**SIGNATURE OF DONOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

My signature acknowledges an understanding of donor responsibilities and Anatomical Gift Program policies. I understand that signing this document does not guarantee acceptance of donation.

**PLEASE PRINT (Donor Information)**

NAME: \_\_\_\_\_

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

PHONE: \_\_\_\_\_

**THE SIGNATURE OF THE DONOR MUST EITHER BE (1) WITNESSED BY TWO INDIVIDUALS, ONE OF WHOM IS A "DISINTERESTED WITNESS," OR (2) NOTARIZED BY A NOTARY PUBLIC.**

**1. WITNESSES. (PLEASE PRINT.)**

**We, the undersigned, have witnessed the signing of this document by the donor.**

**Witness (1)**

**Witness (2)  
(Disinterested)**

**Signature** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone** \_\_\_\_\_

**Phone** \_\_\_\_\_

"Disinterested witness" means a witness other than the spouse, child, parent, sibling, grandchild, grandparent, or guardian of the individual who makes, amends, revokes, or refuses to make an anatomical gift, or another adult who exhibited special care and concern for the individual. The term does not include a person to which an anatomical gift could pass under Section 7150.50.

**2. NOTARIZATION**

State of California

County of \_\_\_\_\_

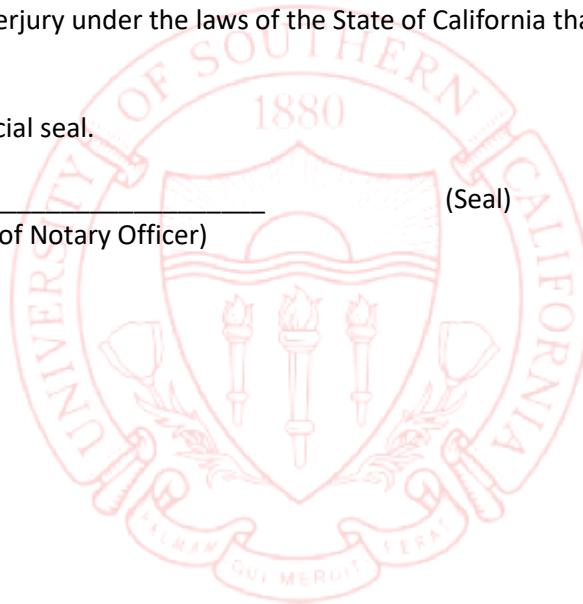
On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of Notary Officer)

personally appeared \_\_\_\_\_  
who has proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to within the instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)  
(Signature of Notary Officer)





**BRIEF MEDICAL HISTORY**

**NOTE: THE INFORMATION YOU SUPPLY WILL REMAIN CONFIDENTIAL**

Name: \_\_\_\_\_ Current Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_

Childhood Diseases: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deformities or Abnormalities: \_\_\_\_\_

\_\_\_\_\_

Illnesses and Accidents: (Please include type of illness or accident, approximate dates and duration. If hospitalized, list name and address of hospital and name and address of physician. Were you incapacitated as a result of illness or accident? If so, how long? If additional space is needed, use a separate sheet).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present State of Health: \_\_\_\_\_

\_\_\_\_\_

Additional Information or Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## VITAL STATISTICS

PLEASE ANSWER THE REQUIRED INFORMATION AS COMPLETELY AS POSSIBLE. THE VITAL STATISTICS ARE NECESSARY FOR US TO FILE THE DEATH CERTIFICATE, AS REQUIRED BY LAW, AT THE TIME ONE'S REMAINS ARE RECEIVED. PLEASE NOTIFY US OF A CHANGE OF ADDRESS TO ALLOW US TO KEEP OUR RECORDS CURRENT.

Legal Name: \_\_\_\_\_ AKA: \_\_\_\_\_ Gender: \_\_\_\_\_  
(First Middle Last)

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

U.S. Armed Forces:  Yes  No Marital Status:  Never Married  Married  Widowed  Divorced

Name of Spouse: (If wife, please state maiden name) \_\_\_\_\_  
(First) (Full Middle Name) (Last)

Race/Ethnicity: \_\_\_\_\_ Hispanic:  Yes (specify) \_\_\_\_\_  No

Primary Education:  Diploma  GED  Other \_\_\_\_\_

Secondary Education:  Some College  Associate's Degree  Bachelor's Degree  Master's Degree  
 Doctorate Degree (e.g., PhD, EdD)  Professional Degree (e.g., MD, DDS, DVM, LLB, JD)

County of Residence:  Los Angeles  Orange  San Bernardino  Riverside  Ventura  Other \_\_\_\_\_  
Continuous Years of Residence in County \_\_\_\_\_

Usual Occupation: (If retired, please state your occupation prior to retirement) \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Occupation (prior to retirement): \_\_\_\_\_

Father's Name: \_\_\_\_\_ State of Birth: \_\_\_\_\_  
(First) (Full Middle Name) (Last)

Mother's Name: \_\_\_\_\_ State of Birth: \_\_\_\_\_  
(First) (Full Middle Name) (Maiden Name)

Nearest Living Relative: \_\_\_\_\_ Person Holding a Copy of your Last will and Testament: \_\_\_\_\_

Name- \_\_\_\_\_ Name- \_\_\_\_\_

Address- \_\_\_\_\_ Address- \_\_\_\_\_

Phone Number- \_\_\_\_\_ Phone Number- \_\_\_\_\_

Relationship- \_\_\_\_\_ Relationship- \_\_\_\_\_

Other Notes: \_\_\_\_\_

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

USC must be notified of the death of the donor within 48 hours.