

Date _____

LSUHSC-S Department of Cellular Biology and Anatomy

I hereby donate my body, after death, to LSU Health Sciences Center-Shreveport or to one of its member institutions.

Mr

Mrs

Ms

Please Print Legal Name

Social Security Number

Date of Birth

Street Address

City

State

Zip

Phone Number

Donor Signature

Witness #1 Signature

Witness #2 Signature

I do _____ do not _____ wish my cremains to be returned. Please give the name(s) of the individual or funeral home to contact for cremain return.

Name of Recipient

Street Address

City

State

Zip

Phone

Additional Data

Birthplace: City

State

US Citizen

Veteran

Occupation

Type of Business

Race/Ethnicity

Education-Please Indicate the highest grade completed 0-12; College 1-4, or Postgraduate

0-12 grade

College 1-4

Postgraduate (Y/N)

Sex: Male _____ Female _____

Marital Status: Married _____

Never Married _____

Widowed _____

Divorced _____

Spouses Name

If wife, please include maiden name

Father's name: Last

First

Middle

Father's Place of Birth

Mothers name: Maiden

First

Middle

Mother's Place of Birth

Please make two copies of the form: Mail one copy to: **LSU Health Sciences Center
Department of Cellular Biology and Anatomy
PO Box 33932
Shreveport, LA 71130-3932
Attn: Willied Body Program Director**

Please retain the second copy for your records.