



### WILLED BODY DONATION PROGRAM POLICY

The donation of a person's body after death is a tremendous gift. The Southeast Texas Applied Forensic Science (STAFS) facility of Sam Houston State University is grateful for everyone who expresses an interest in body donation.

Please read the following policies of STAFS and sign and date below. **Please note that all original documents of the required paperwork, as well as a copy of the donor's valid photo ID, must be received by STAFS before the file will be considered complete. Original documents must be received within 60 days of date on Living Donor Letter received with packet, or paperwork could be considered out-dated.**

1. Unlike some medical schools, **STAFS does not return remains to the family.** The skeletal remains are a very important component of our anatomical collection used for forensic research, teaching, and training programs.
2. Each donation is carefully considered on a case-by-case basis. **STAFS reserves the right to decline donations if the Willed Body Program is unable to use the donor's body for any reason.** STAFS always suggests that donors have an alternative plan in the event of donation denial.
3. **STAFS will arrange transportation to our facility if the deceased is located within the state of Texas and within 200 miles of Huntsville.** Outside of Texas or more than 200 miles from Huntsville, the donor or donor's family must arrange for the transportation of the body and must assume responsibility for any costs associated with such transportation.
4. **STAFS cannot transport a donor from a private residence.** STAFS may transport a body from a hospital, funeral home, forensic center, or some healthcare facilities that are within the 200 mile in-state geographic limits as noted above in Paragraph 3. The donor's family must arrange for transportation from a private residence in addition to temporary storage if required. The family must assume responsibility for these costs.
5. **Signed donation documents and/or releases must be executed prior to transportation of the donated body to STAFS.** These documents may be emailed or faxed to STAFS, but the original documents and/or releases must be postmarked to STAFS within three (3) business days following receipt of the emailed and/or faxed copies. Your donation paperwork will not be considered complete until original documents with all required signatures are received by STAFS.
6. All donor questionnaire information and signed paperwork/releases must be completed and returned to STAFS for a file to be established. Any change of address or medical status must be promptly provided to STAFS to keep donor files up to date.
7. **All donor paperwork requires identification information and original signatures of two (2) witnesses to verify the donor's, next of kin's, or executor's signature.** Texas law requires two (2) witnesses' signatures **but does not require notarization.**



8. All identifiable information provided on the Body Donation Questionnaire and any related documents will be kept confidential, unless required by law or court order.
9. STAFS reserves the right to decline the donation of individuals who weigh over 300 pounds.
10. If you have any questions or concerns that have not been addressed in this policy letter, please feel free to contact STAFS at 936-294-2310 or [stafs@shsu.edu](mailto:stafs@shsu.edu).

**I have read, understand, and agree to the policy of STAFS' Willed Body Donation Program.**

\_\_\_\_\_  
 Printed Name of Living Donor                      Signature of Living Donor                      Date

\_\_\_\_\_  
 Living Donor Mailing Address

\_\_\_\_\_  
 Living Donor Phone Number                      Living Donor Email

**Witnesses to the signature of the Living Donor Please Sign Below**

\_\_\_\_\_  
 Printed Name of 1<sup>st</sup> Witness                      Signature of 1<sup>st</sup> Witness                      Date

\_\_\_\_\_  
 1<sup>st</sup> Witness Mailing Address

\_\_\_\_\_  
 1<sup>st</sup> Witness Phone Number                      1<sup>st</sup> Witness Email

\_\_\_\_\_  
 Printed Name of 2<sup>nd</sup> Witness                      Signature of 2<sup>nd</sup> Witness                      Date

\_\_\_\_\_  
 2<sup>nd</sup> Witness Mailing Address

\_\_\_\_\_  
 2<sup>nd</sup> Witness Phone Number                      2<sup>nd</sup> Witness Email



### LIVING DONOR RELEASE FORM

I, \_\_\_\_\_, do hereby dispose of and give my body, after my death, to Sam Houston State University, for the use by STAFS, or its designee, for all forensic or medically related educational and research purposes, whether within or without the State of Texas. I request, authorize, and instruct my surviving spouse, next of kin, executor, or the physician who certifies my death to notify STAFS at Sam Houston State University (telephone: 936-294-2310) immediately after my death of the availability of my body.

The Willed Body Program at Sam Houston State University is recognized by the Anatomical Board of the State of Texas.

It is my wish that at the time of my death my body be made available for all forensic and/or medically related educational and research purposes, including teaching and scientific purposes, to Sam Houston State University and that it will not be returned to my next of kin or any other recipient. I understand that the University will pay for transportation of my body as long as it is located within a 200 mile radius of Sam Houston State University, Huntsville, Texas 77340 and is within the State of Texas.

I understand that STAFS at Sam Houston State University reserves the right to decline donations. If the Willed Body Program is unable to use my body for any reason, my next of kin is responsible for making other final disposition arrangements. The Willed Body Program is not responsible for any costs associated with other necessary arrangements.

I understand and acknowledge that STAFS at Sam Houston State University **does not** return remains to families. I consent to this anatomical donation its use for all educational and research purposes, including forensic and medical science, whether within or without the State of Texas.

At the time of my death, I hereby relinquish all rights and claims regarding my body and direct that by accepting and using my body for teaching and scientific purposes and its subsequent disposition, Sam Houston State University (SHSU) shall not be liable for any claim that may arise against SHSU with regard to my donation.

I understand and acknowledge that biological sampling and genetic testing may be necessary to ensure the proper handling and care of willed or donated bodies, and hereby consent to such sampling and testing and further understand and acknowledge that all genetic information will remain confidential and will not be disclosed to others unless required by law or court order.

**CONTINUE TO NEXT PAGE**



**LIVING DONOR RELEASE FORM  
 (Continued)**

**I have read, understand, and agree to the STAFS Living Donor Release Form.**

\_\_\_\_\_  
 Printed Name of Living Donor                      Signature of Living Donor                      Date

\_\_\_\_\_  
 Living Donor Mailing Address

\_\_\_\_\_  
 Living Donor Phone Number                      Living Donor Email

**Witnesses to the signature of the Living Donor Please Sign Below**

\_\_\_\_\_  
 Printed Name of 1<sup>st</sup> Witness                      Signature of 1<sup>st</sup> Witness                      Date

\_\_\_\_\_  
 1<sup>st</sup> Witness Mailing Address

\_\_\_\_\_  
 1<sup>st</sup> Witness Phone Number                      1<sup>st</sup> Witness Email

\_\_\_\_\_  
 Printed Name of 2<sup>nd</sup> Witness                      Signature of 2<sup>nd</sup> Witness                      Date

\_\_\_\_\_  
 2<sup>nd</sup> Witness Mailing Address

\_\_\_\_\_  
 2<sup>nd</sup> Witness Phone Number                      2<sup>nd</sup> Witness Email



**Specific Research Programs**

Please indicate your consent for the specific research programs below by **placing your initials next to appropriate statement:**

**TRAUMA RESEARCH**

The STAFS Facility engages in a wide variety of research that benefits forensic science. Some of this research investigates the biomechanics of trauma inflicted upon the body, as well as how that trauma may affect sciences such as DNA, chemistry, biology, anatomy, anthropology, and entomology. This allows us to better understand skeletal conditions that are presented in forensic cases. In addition, this research helps increase our knowledge of the mechanisms of trauma so more effective equipment can be designed to protect first responders and military personnel.

Please note that this trauma can include the following: 1. **Blunt Force Trauma (BFT)**- studies that evaluate how impacts by blunt instruments (i.e. bat, hammer), car accidents, and/or falls effect the body and/or collection of evidence from the body. 2. **Sharp Force Trauma (SFT)**- studies that evaluate how marks and fractures left behind by sharp instruments, such as knives or saws, effect the body and/or collection of evidence from the body. 3. **Projectile Trauma**- studies that examine how high velocity trauma, such as gunshots or blasts, effect the body and/or the collection of evidence from the body. 4. **Thermal Trauma**- studies that examine the damage that occurs to the body and/or evidence collected from the body during and/or after the exposure of high temperatures, such as fires or cremation.

\_\_\_\_\_ **YES**, I permit the remains to be used in research that involves the simulation of violent crimes to advance the fields of anthropology, death investigation practices, and medicolegal research. I fully understand that by permitting this research, I am consenting to research that may result in trauma to the remains, as described above.

**OR**

\_\_\_\_\_ **NO**, I do not permit the remains to be used in research that involves the simulation of violent crimes to advance the fields of anthropology, death investigation practices, and medicolegal research.

(CONTINUE TO NEXT PAGE)



**GENEALOGY RESEARCH**

*Please indicate your consent for the specific research programs below by **placing your initials next to appropriate statement:***

The STAFS Facility takes careful measures to protect the privacy of our donors and their families. Human genome sequencing (DNA) research is very important in forensic science to improve the identification process of unknown individuals in forensic casework, cold cases, and missing persons cases. However, some kinship-based methods also have the potential to identify biologically related family members. Please note that all DNA studies involving living individuals must also be reviewed by the SHSU Institutional Review Board, and identifiable or personal information (such as name, contact details, date of birth, social security, etc) will remain confidential.

\_\_\_\_\_ **YES**, I do permit the remains to be used in research that involves genealogy and understand that I may be contacted in the future for possible further reference samples from myself and/or any living biologically related individual(s) willing to participate. I fully understand that by permitting this research, I am consenting to research that could define genetic links with biologically related individuals. **I understand that this research may consist of comparing unidentifiable material to external or public databases, however no genetic or personal identifiable information will be housed on any public DNA databases.**

\_\_\_\_\_ **NO**, I do not permit the remains to be used in research that involves genealogy.

**POTENTIALLY IDENTIFIABLE RESEARCH**

*Please indicate your consent for the specific research programs below by **placing your initials next to appropriate statement:***

The use of images, videos, scans, radiographs, casts, 3D prints, and/or other representations of human remains that currently exist or are developed in the future are highly valuable for education and research purposes. These representations are important in perfecting identification techniques such as facial reconstruction and understanding body mechanics and disease progression. However, these images have the potential to include identifiable information about the person (e.g. the face, tattoos, birthmarks, etc.). These images may be used in educational and research presentations and in publications. Please note that all research projects, presentations, and publications involving imagery must be approved by the Director of STAFS.

\_\_\_\_\_ **YES**, I permit the remains to be used for research, presentations, and publications using potentially identifiable imagery.

\_\_\_\_\_ **NO**, I do not permit the remains to be used for research, presentations, and publications using potentially identifiable.

**CONTINUE TO NEXT PAGE**



**Specific Research Programs Continued**

**I hereby confirm that I have indicated my preference for each of the above listed specific research programs by placing my initials next to the appropriate responses.**

\_\_\_\_\_  
Printed Name of Living Donor

\_\_\_\_\_  
Signature of Living Donor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Living Donor Mailing Address

\_\_\_\_\_  
Living Donor Phone Number

\_\_\_\_\_  
Living Donor Email

\_\_\_\_\_  
Printed Name of 1<sup>st</sup> Witness

\_\_\_\_\_  
Signature of 1<sup>st</sup> Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
1<sup>st</sup> Witness Mailing Address

\_\_\_\_\_  
1<sup>st</sup> Witness Phone Number

\_\_\_\_\_  
1<sup>st</sup> Witness Email

\_\_\_\_\_  
Printed Name of 2<sup>nd</sup> Witness

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
2<sup>nd</sup> Witness Mailing Address

\_\_\_\_\_  
2<sup>nd</sup> Witness Phone Number

\_\_\_\_\_  
2<sup>nd</sup> Witness Email



### Donor (Decedent) Information

Please complete this questionnaire to the best of your ability. Please note that this information is in regards to the donor, NOT the next of kin. If you need more space, additional sheets may be attached. If the answer is unknown please mark "UNK" for the answer. If the answer is not applicable, please mark "N/A". \*\*\* The information marked by an asterisk (\*) is required to complete the Death Certificate. The STAFS Facility will file a Death Certificate for all donors unless otherwise specified.

\*Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
   Last  First  Middle  Maiden/Suffix

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_                                    \*Place of Birth (City, State, County): \_\_\_\_\_

\*Biological Sex: \_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Intersex            \*Social Security #: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

\*Home Address: \_\_\_\_\_  \*Apt/Unit #: \_\_\_\_\_

\*City: \_\_\_\_\_            \*State: \_\_\_\_\_            \*Zip: \_\_\_\_\_            \*County: \_\_\_\_\_

\*Is this residence within city limits? \_\_\_\_ Yes \_\_\_\_ No

<p><b>*Race (select all that apply)</b></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> American Indian/Alaskan Native Tribe  <i>(Specify):</i> _____</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian/Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other  <i>(Specify):</i> _____</p>	<p><b>*Hispanic Origin? (select one)</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Mexican</p> <p><input type="checkbox"/> Yes, Mexican American or Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, Other</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other: _____</p>
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Ancestry: \_\_\_\_\_

(i.e. Irish, Israeli, Ugandan, etc)

Is your ancestry from a DNA company (e.g. Ancestry.com)? \_\_\_\_ Yes \_\_\_\_ No

If you would like to submit your results to STAFS, please attach a copy to this form or email to [stafs@shsu.edu](mailto:stafs@shsu.edu)





**Donor (Decedent) Information Continued**

**\*Current Marital Status (select one):** \_\_\_ Never Married \_\_\_ Married \_\_\_ Widowed and not remarried \_\_\_ Divorced

**\*Spouse's Name** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Last First Middle Maiden/Suffix*

**\*Mother's Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Last First Middle Maiden/Suffix*

**\*Father's Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Last First Middle Maiden/Suffix*

**\*Texas Peace Officer?** \_\_\_ Yes \_\_\_ No

**\*Military Service?** \_\_\_ Yes \_\_\_ No

**\*If YES, Military Branch & Serial Number:** \_\_\_\_\_

**Childhood Socio-Economic Status:** \_\_\_ Lower \_\_\_ Lower Middle \_\_\_ Middle \_\_\_ Upper Middle \_\_\_ Upper

**Current Socio-Economic Status:** \_\_\_ Lower \_\_\_ Lower Middle \_\_\_ Middle \_\_\_ Upper Middle \_\_\_ Upper

**\*Occupation (life-long):** \_\_\_\_\_ **\*Business/Industry:** \_\_\_\_\_

**\*Highest Education Level:**

___ Unknown	___ Associate Degree (AA, AS)
___ 8 <sup>th</sup> Grade or Less	___ Bachelor's Degree (BA, AB, BS)
___ 9 <sup>th</sup> -12 <sup>th</sup> Grade: No Diploma	___ Master's Degree (MA, MS, MENG, MED, MSW, MBA)
___ HS Graduate or GED Completed	___ Doctorate (PhD, EDD)
___ Some College Credit, but not a degree	___ Professional (MD, DDS, DVM, LLB, JD)

**Height:** \_\_\_\_\_ (Is this Estimated? \_\_\_ Yes \_\_\_ No) **Weight:** \_\_\_\_\_ (Is this estimated? \_\_\_ Yes \_\_\_ No)

**Dramatic weight change during their lifetime?** \_\_\_ Yes \_\_\_ No **Were they considered obese?** \_\_\_ Yes \_\_\_ No

**Handedness:** \_\_\_ Right \_\_\_ Left \_\_\_ Ambidextrous

**Blood Type:** \_\_\_ A \_\_\_ B \_\_\_ AB \_\_\_ O \_\_\_ UNK  
 If A or B Blood Type: \_\_\_ Positive \_\_\_ Negative

**Eye Color:** \_\_\_ Brown \_\_\_ Blue \_\_\_ Green \_\_\_ Hazel \_\_\_ Gray \_\_\_ Other: \_\_\_\_\_

**Natural Hair Color:** \_\_\_ Blonde Shades \_\_\_ Brown Shades \_\_\_ Red/Auburn Shades \_\_\_ Black \_\_\_ Other: \_\_\_\_\_



**Donor (Decedent) Information Continued**

**Tattoos:** \_\_\_ Yes \_\_\_ No *If Yes, Describe:* \_\_\_\_\_

**Body Piercings:** \_\_\_ Yes \_\_\_ No *If Yes, Describe:* \_\_\_\_\_

**Alcohol Use:** \_\_\_ Never \_\_\_ Former \_\_\_ Yes \_\_\_ Unknown *If former, how many years?* \_\_\_\_\_

*If Yes, Specify type:* \_\_\_ Beer \_\_\_ Wine \_\_\_ Liquor *Year/Age they quit:* \_\_\_\_\_

*If Yes, specify amount:* Number \_\_\_\_\_ per \_\_\_ Day \_\_\_ Week \_\_\_ Year

**Tobacco Use:** \_\_\_ Never \_\_\_ Former \_\_\_ Yes \_\_\_ Unknown *If former, how many years?* \_\_\_\_\_

*If Yes, Specify type:* \_\_\_ Chewing tobacco \_\_\_ Cigar/Pipe \_\_\_ Cigarettes *Year/Age they quit:* \_\_\_\_\_

*If Yes, specify amount:* Number \_\_\_\_\_ per \_\_\_ Day \_\_\_ Week \_\_\_ Year

**Recreational Drug Use:** \_\_\_ Never \_\_\_ Former \_\_\_ History of injection drug use \_\_\_ Yes \_\_\_ Unknown

*If former or current, please specify type(s):* \_\_\_\_\_

**Exercise:** \_\_\_ None \_\_\_ Moderate \_\_\_ Vigorous \_\_\_ Cardio \_\_\_ Weights

*Specify type/frequency of workouts:* \_\_\_\_\_

**Mobility:** Were they sedentary? \_\_\_ Yes \_\_\_ No *If yes, how many years?* \_\_\_\_\_

Did they have mobility restrictions? \_\_\_ Yes \_\_\_ No *If yes, what type of restrictions, and how many years?:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Habitual Activities:** List any habitual activities the donor would have participated in, including occupational stressors that may have affected their body.

\_\_\_\_\_

\_\_\_\_\_



**Donor (Decedent) Information Continued**

**Occupational History:** Please describe their job history, how many years they worked in that position/field and the year of retirement if applicable. Please attach additional sheets if necessary.

Job Title/Field	Number of Years	Year of Retirement	Manual Labor? <i>Yes or No</i>

**Geographic History- First 15 Years:** *Geographic location where they spent the first 15 years of their life. Please be as detailed as possible. If you need more space, please attach the information in the same format.*

Address	City	State	Zip Code	Start Age	End Age

**Geographic History- Last 20 Years:** *Geographic location where they spent the last 20 years of their life. Please be as detailed as possible. If you need more space, please attach the information in the same format.*

Address	City	State	Zip Code	Start Age	End Age

**Dental Information:** Did they ever have braces? \_\_\_ Yes \_\_\_ No      Did they have most/all teeth? \_\_\_ Yes \_\_\_ No

Did they have a bridge? \_\_\_ Yes \_\_\_ No      Did they have dentures? \_\_\_ Yes \_\_\_ No

Did they have any teeth missing? \_\_\_ Yes \_\_\_ No      Did they have a history of gum disease? \_\_\_ Yes \_\_\_ No

*If you marked "yes" to the donor either having a bridge, dentures, braces, and/or teeth missing, please indicate what age the donor was, as well as specific information on location (I.E. braces from age 13-16, upper dentures at age 63, etc) on the next page.*



## Donor (Decedent) Information Continued

### Dental History

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**Medical History:** Please describe in as much detail as possible the donor's medical history. Please attach additional sheets if necessary.

Condition	Year(s) of onset	Condition	Year(s) of onset
Cancer, specify:		Anemia	
Anorexia/Bulimia		Arthritis, location(s):	
Cardiovascular Disease, specify:		Other Join Problems, specify:	
Osteopenia/Osteoporosis		COPD/Emphysema, specify:	
Depression		Dementia/Alzheimer's, specify:	
Other Mental Illness, specify:		Diabetes, type:	
Gout		HEP, type:	
Sexually Transmitted Infection, specify:		Stroke/TIA, specify:	
Traumatic Brain Injury, specify:		Seizure disorder/Epilepsy, specify:	
Thyroid Disease, specify:		Tuberculosis	
HIV/AIDS		MRSA	
Plastic surgery, specify		Amputations, location/year:	
<b>Fractured any bones? If yes, specify age, location, and how it was fractured:</b>			
_____			
_____			
_____			



**Additional Medical History:** Please describe in as much detail as possible any other medical history that was not documented above. Please attach additional sheets if necessary.



**Donor (Decedent) Information Continued**

**CHILDREN INFORMATION**

Number of Pregnancies (if any): \_\_\_\_\_ Number of Living Children (if any): \_\_\_\_\_

Number of Deceased Children (if any): \_\_\_\_\_

Living Children Information:

Name: \_\_\_\_\_  Biological  Adoptive  Step

Age: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name: \_\_\_\_\_  Biological  Adoptive  Step

Age: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name: \_\_\_\_\_  Biological  Adoptive  Step

Age: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name: \_\_\_\_\_  Biological  Adoptive  Step

Age: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name: \_\_\_\_\_  Biological  Adoptive  Step

Age: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name: \_\_\_\_\_  Biological  Adoptive  Step

Age: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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



**Donor (Decedent) Information Continued**

**SIBLING INFORMATION**

Number of Living Siblings (if any): \_\_\_\_\_ Number of Deceased Siblings (if any): \_\_\_\_\_

Living Sibling Information:

Name: \_\_\_\_\_  Biological  Adoptive  Step

Age: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name: \_\_\_\_\_  Biological  Adoptive  Step

Age: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name: \_\_\_\_\_  Biological  Adoptive  Step

Age: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name: \_\_\_\_\_  Biological  Adoptive  Step

Age: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name: \_\_\_\_\_  Biological  Adoptive  Step

Age: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name: \_\_\_\_\_  Biological  Adoptive  Step

Age: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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



**\*Next of Kin Information: This is who STAFS will consider your legal next of kin, and therefore the only other person information will be shared to. Please see Living Donor FAQ for legal order of next of kin.**

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

Relationship to Donor: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Additional Research Requests**

If you have any specific concerns regarding the use of remains for teaching and research purposes at STAFS, or if you have any research use preferences, please explain below. Please also note any religious requirements you may have that could affect research being conducted (for example, cannot be cremated, etc). STAFS makes every effort to accommodate specific research requests.





**Donation Paperwork Check List**

*Please see the below check list to ensure you have completed/submitted all required donation documents.*

- \_\_\_ **STAFS Release, Specific Research, and Personal Belongings Forms** (Pages 2-9)
- \_\_\_ **Donor (Decedent) Questionnaire** (Pages 10-18)
- \_\_\_ **Copy of Donor ID**
- \_\_\_ **Siblings Agreement- ONLY FOR DONATIONS MADE BY MULTIPLE CHILDREN/SIBLINGS**
- \_\_\_ **Copy of all Siblings IDs- ONLY FOR DONATIONS MADE BY MULTIPLE CHILDREN/SIBLINGS**
- \_\_\_ **Photographs-** Photographs may be used to help develop better methods of facial reconstruction for unidentified individuals. Please include the following if available:
  - Two (2) different close-up facial photographs
  - One profile (side view) photograph
  - Various photos (copies) from childhood

**Please email a copy of this completed packet to [stafs@shsu.edu](mailto:stafs@shsu.edu) for review. Please wait to mail the original documents until you receive confirmation that STAFS has a completed copy.**

**Return completed original forms to the following address:**

Southeast Texas Applied Forensic Science Facility (STAFS) Sam Houston State University  
 Box 2525  
 Huntsville, Texas 77341

**Instructions for Obtaining the Death Certificate**

The Southeast Texas Applied Forensic Science (STAFS) Facility does not issue the death certificate. Once released to the state, death certificates are obtained through the County Clerk’s office in the county of the deceased’s residence. Under Texas law, a death certificate must be initiated within ten (10) days from the date of the body’s final disposition.

**STEPS IN THE DEATH CERTIFICATE PROCESS**

1. Once the donated body is received by STAFS, STAFS will initiate the death certificate process by entering the deceased’s information into the state’s electronic database.
2. This information is electronically sent to the certifying physician/medical examiner, who then completes the portion concerning cause and manner of death.
3. The death certificate is then returned to STAFS to verify that all information is correct.
4. Once it is verified, the death certificate is sent to the state who then forwards it to the county clerk’s office.
5. The deceased’s death certificate is then available to the family/next of kin. Under normal circumstances this process takes approximately two (2) weeks.
6. The death certificate can be obtained from the county clerk’s office in the county where the deceased died OR requested online at the Texas Vital Statistics website <http://www.dshs.state.tx.us/VS/> under Death Records.