LOGAN UNIVERSITY

GIFT OF BODY – SELF DONATION

Donor's Name (print):____

I, ________________________________, the undersigned being of sound mind and eighteen years of age or over, hereby make an irrevocable, unrestricted gift of my body immediately after my death to Logan University for scientific, educational, or such related uses as the authorized personnel of said University, in their sole discretion, deem proper. I hereby direct that, after my death, my unautopsied and unembalmed body be delivered to the Department of Anatomy of Logan University at 1851 Schoettler Road, Chesterfield, Missouri. Unless indicated otherwise below, this gift includes any of my body's cremains that exist after the University has completed its use of my body.

I acknowledge that although my gift is irrevocable, it may still be revoked under applicable law. This is my free act and deed and not my last will and testament and is not intended to revoke, change, alter or cancel or in any other manner whatsoever, affect any will made by me during my lifetime nor shall any will be made by me be construed to revoke or alter this gift unless expressly so stated therein and in accordance with applicable law.

Please check one:

[ ] I authorize Logan University to dispose of my cremains under its regular business practices.

[ ] Upon a written request by any of my immediate family members made within ninety (90) days of my death, ____ (print names of authorized immediate family members and contact information) and the completion of Logan University's uses of my body and upon, I authorize my cremains to be returned as requested.

________________________________ ________________________________

Date Donor's Signature

Address: ________________________________

____

Phone: ________________________________

STATE OF MISSOURI]

] SS

COUNTY OF ST. LOUIS]

On this ____day of ______________, 20___, personally appeared before me ______________________________, to me known to be the person described in and who executed the foregoing Gift of Body form to Logan University who being by me duly sworn, did state that the facts contained in the foregoing Gift are true and that he/she executed the foregoing Gift as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal, the day and year first written above.

My Commission Expires: ___________ ____________________________________

Notary Public

(Notary Seal)

(Please complete reverse side)

Social Security Number: ____

Date of Birth: ____

Place of Birth (City/State):____

Citizenship (Country):____

Marital Status (circle one): Single Married Widowed Divorced

Spouse's Name: ____
(Include wife's maiden name)

Occupation: ____
(If retired, indicate occupation before retirement)

Father's Name: ____
First Middle Last

Mother's Name: ____
First Middle Last

Brief Medical History

Name:____

Age:_______ Date of Birth:_____________ _______ Social Security #:_______________________

Religion:___________________ Citizen of USA: ________________________ Sex:____________

Usual Occupation:___________________________Number of years in this occupation: _________

Widowed: __________ Married __________ Divorced __________ Never Married ____________

Number of Children: _________ Name, Address, Phone # of Nearest of Kin:_________________

____

Service in Armed Forces:________________Give Date of Service: ____________________

Known Deformities or Abnormalities:____

____

Childhood Diseases:____

____

Illnesses or Accident. 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? ___________________________

____

____

____

Additional Information or Remarks: ____

____

____

Signed: ______________________________

Address: ______________________________

____

Phone #: ______________________________

Date: _________________________

Note: The above information will be strictly confidential