

## **Logan University Anatomical Donor Forms - Relative**

Thank you so very much for your interest in donating your loved ones' body to Logan University, Anatomical Donation Program. Logan sincerely appreciates the generous gift you are making toward the improvement and advancement of chiropractic and health education and research. Please review the information indicated below and the pages included. We recommend that you talk to your family, medical providers (including physicians), and/or attorneys to assist you in understanding this gift of Anatomical Donation. This may also assist family in carrying out the wishes. Do be advised that not all donors will have their bodies accepted at their death. Logan reserves the right, at its sole discretion, to refuse a body that may not be suited to educational advancement and research. Such refusal may include, but is not limited to, the donor was embalmed, had organs removed or had a communicable disease (such as HIV-AIDS, Hepatitis B&C, MRSA, etc.). In other circumstances, we may also refuse a body that has had severe trauma (including suicide), recent invasive surgery, or extreme obesity. In the event we are unable to accept your body, we ask that you have an alternate plan prepared.

**Memorials:** Decisions regarding personal memorials at the time of death are left to each family. We sincerely appreciate this gift of your loved one. Logan University holds a memorial service each May, where we invite family and friends of donors to join Logan University in honoring loved ones, collectively. You will be contacted of the date and time.

The cremated bodies upon completion of the program that opted to not have the cremains returned are buried at Holy Cross in Ellisville, MO 63011. There is one common grave marker with the inscription: *"In memory and thanksgiving, the administration, students, faculty and staff at Logan University express appreciation to the families of those who have donated bodies. This precious gift has allowed students of chiropractic to study the science of the human body."*

The location at Holy Cross is Interment Number 72974, Grave location 1, Section 2, and Lot L.

Please note that this form must be witnessed by a notary. Please return the forms to us and we recommend that you keep a copy for your personal and family records.

## **Anatomical Gift by Relative**

Name of Deceased: \_\_\_\_\_ Date of Gift of Body: \_\_\_\_\_

Deceased's Last Address: \_\_\_\_\_

Please check the box indicating your relationship to the deceased:

☐ An agent of the deceased as authorized under donor's power of attorney for health care

☐ A parent of the deceased, if the deceased is an unemancipated minor

☐ Guardian of the deceased at the time of their death

☐ Spouse of the deceased

☐ Adult children of the deceased

☐ Parents of the deceased

☐ Adult siblings of the deceased

☐ Grandparents of the deceased

☐ A public official having authority to dispose of the decedent's body

I/we understand that for Logan University to accept a gift of decedent's body, it is important that immediate members of the family consent to such gift. Logan University will accept a gift of a body only upon the following conditions:

1. The deceased did not indicate a desire or wish not to have his/her body gifted for educational or research purposes.
2. The gift is being made by someone authorized by law to make such a donation.
3. Logan further requires
  - If the donation is being made by a spouse, the spouse making the gift must have been married to the deceased at the time of his/her death.
  - If the donation is being made by an adult child of a deceased parent, the deceased parent must be unmarried at the time of his/her death, and all adult children of the deceased parent must join and consent in the gift of the parent's body; and,
  - If the parents of a deceased unmarried child wish to make a gift of the body of such child, both parents must consent to such gift if living.

### **Anatomical Gift by Relative**

I/we \_\_\_\_\_,  
hereby make an (spouse if living, or all adult children, or if no adult children, both parents)  
irrevocable, unrestricted gift of the body of \_\_\_\_\_  
(list decedent's name) immediately upon his/her death, to Logan University for scientific,  
educational, or such related uses as the authorized personnel of said Logan University, in  
their sole discretion, deem proper. I/we represent that I/we have the right to give such  
donation, and I/we know of no contrary wish or indication by the decedent, nor do I/we  
have knowledge of any contrary indication or desire by any living spouse, adult child or  
parent of the deceased. I/we further acknowledge that Logan University is prohibited from  
providing donor families any opinions related to the cause of death of the deceased  
accepted for anatomical study. Human remains are accepted exclusively for the purpose of  
scientific study and instruction.

I/we hereby direct that the 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 the body's cremains  
that exist after the University has completed its use of the body.

I/we acknowledge that although our gift is irrevocable, it may still be revoked under  
applicable law.

I/we acknowledge that I/we have the authority to make this decision on behalf of the above  
named deceased and agree to defend, indemnify and hold harmless Logan University, its  
trustees, officers, employees and agents from and against any liability, loss, damage,  
claim, causes of action and expenses (including reasonable attorneys' fees) caused  
directly or indirectly, by or as a result of this donation.

#### **Please Check one below:**

☐ I/we authorize Logan University to dispose of the cremains under its regular business  
practices to Holy Cross.

**NO RETURN TO FAMILY**

☐ I/we authorize cremains to be returned as requested to the listed names-(see attached  
page)

**RETURN REQUESTED**

**\*\* Only fill out the below if you are requesting the cremains to be RETURNED\*\***

Please PRINT names of authorized individuals and their contact information for the cremains. Be advised that Logan University will return the remains according to the order of names listed. I.E: We will reach out to the first name listed first, then the second name listed if the first contact is unavailable or cannot accept the cremains. It is your responsibility to update any change of address, phone number, email. To do this contact Logan University at 636-230-1700. Please be advised that Logan University shares this document with the funeral home responsible for our cremation services.

***Cremains are to be returned to the below listed Authorized members of the family once the Anatomical Donor has completed the program:***

**1<sup>st</sup> Contact**

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

Relation: \_\_\_\_\_

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

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

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

**2<sup>nd</sup> Contact**

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

Relation: \_\_\_\_\_

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

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

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

**OFFICIAL NOTARY FORM**

I/We (names of authorized individuals and their contact information):

\_\_\_\_\_

DONOR'S NAME:(PRINT)\_\_\_\_\_

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

Phone:\_\_\_\_\_ Date:\_\_\_\_\_

Donor's Signature:\_\_\_\_\_

STATE OF MISSOURI

I 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 of Relative 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 above written. My Commission Expires:\_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public

### Donor Information

#### Please Initial or Answer Y or N

- I understand that it may be several months and or up to three (3) years before the cremated remains are returned to authorized family members. \_\_\_\_\_
- It is the sole responsibility of the contacts listed to notify Logan University to update a change of address or contact information, Logan University is not responsible if unable to return the cremains if address-contact information is incorrect. \_\_\_\_\_
- If cremains are returned to Logan University due to address-contact information no longer valid, Logan University has the right to dispose of the cremains under its regular business practice. \_\_\_\_\_
- At no time will cremated remains to be sent to anyone other than listed. \_\_\_\_\_
- Can Logan University contact you to share the Memorial Service held each year in May? Y / N
- Can Logan University announce | use | print the Donors' name at the Memorial Service or any Logan University event to honor the Donors of the Anatomical Program? Y / N

### Brief Medical History

To help our students learn from your Donor if you can answer any previous medical history listed below to the **best of your knowledge**:

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

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Usual Occupation: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Service in Arm Services: \_\_\_\_\_

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

History: If known please include type of illness | accidents | fractures | diseases | etc:

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