



ANATOMICAL (WHOLE BODY) DONATION REGISTRATION

Please provide the following information to register with our program. We realize some information may change before the donation, but we have found it beneficial for both you and your next of kin to collect your wishes in advance and ensure your intentions are honored within the program. This information is used to complete the Tennessee Death Certificate.

Complete legal name (first, middle, last, suffix): _____

Date of birth (M/D/Y): ____ / ____ / ____ Place of birth (city and state, or foreign country): _____

Primary phone number: (_____) _____ Alternate phone number: (_____) _____

Social Security Number: _____ - _____ - _____ Email: _____

Have you ever been in the Armed Forces? Yes No Gender: Male Female

Residence address (must reside in Tennessee to register): _____

Is residence within city limits? Yes No Residence county: _____

Current marital status: Married Divorced Married, but separated Never married Widowed

If married, provide spouse's full name (if wife, maiden name): _____

Father's name (first, middle, last): _____

Mother's maiden name (first, middle, last): _____

Usual occupation before retirement: _____ Business or industry: _____

- Education level:
- 8th grade or less
 - Bachelor's degree (e.g., BA, AB, BS)
 - 9th - 12th grade; no diploma
 - Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
 - High School graduate or GED completed
 - Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
 - Some college credit, but no degree
 - Associate degree (e.g., AA, AS)
 - Unknown

- Hispanic origin:
- No, not Spanish/Hispanic/Latino
 - Yes, Mexican, Mexican American, Chicano
 - Yes, Puerto Rican
 - Yes, Cuban
 - Yes, other Spanish/Hispanic/Latino
 - Unknown
- Please specify _____

- Race:
- White
 - Japanese
 - Samoan
 - Black or African American
 - Korean
 - Other Pacific Islander
 - American Indian or Alaska Native
 - Vietnamese
 - Specify _____
 - Name of tribe _____
 - Other Asian
 - Other
 - Asian Indian
 - Specify _____
 - Chinese
 - Native Hawaiian
 - Specify _____
 - Filipino
 - Guamanian or Chamorro
 - Unknown

Next of kin name and address: _____

Next of kin relationship to donor: _____ Phone: (_____) _____

- Returning cremated remains: Family will pickup the ashes Mail the ashes to the family
- Bury the ashes in Vanderbilt's Community Garden at Woodlawn Memorial Park, Nashville

Provide the name, address, and phone number of the individual or institution to return the cremains to, if different than next of kin.

Same as next of kin _____

_____ Phone: (_____) _____



UNIFORM DONOR REGISTRATION

*In the hope that I may help others, I hereby make this anatomical gift,
if medically acceptable, to take effect upon my death.
And I authorize Vanderbilt Anatomical Donation Program
to collect pertinent health information at the time of my death,
per HIPAA 45 CFR 164.512(g)(2) regulations.*

I, _____ desire to donate my body for anatomical study if needed.
Print or type name of donor

Signed by the donor and the following two witnesses, in the presence of each other.

Signature of donor _____ Date _____

First Witness _____

Second Witness _____

This is a legal document under the Uniform Anatomical Gift Act or similar laws.

Registration will not be complete unless all information on the Registration and Medical History is filled in, and this document is signed, witnessed, and returned to our office. Upon receipt of your enrollment forms and following a thirty day waiting period, you will receive a letter of confirmation and a donor card for your files.

Please mail completed forms to:

VUMC Anatomical Donation Program
2213 Garland Ave
MRB IV 3450
Nashville, TN 37232-0480

OR

Fax all completed forms to: (615) 322-8441

Telephone: (615) 322-7948, Ext. 1
Office location: 3450 Medical Research Building IV, Nashville, TN