



NEXT-OF-KIN DONATION PAPERWORK INSTRUCTIONS

This *Next-of-Kin Donation Packet* contains the following documents: *Next-of-Kin Donation Packet Checklist* (1-page), *Next-of-Kin Donation Release* form (2-pages), *Next-of-Kin Donation Policy Acknowledgement* form (2-pages), and the *Next-of-Kin Donation Questionnaire* (5-pages). The forms must be completed in their entirety and received by Northern Michigan University (NMU) Forensic Research Outdoor Station (FROST) before a body donation can be accepted. All forms in this packet can be hand-written or typed.

- A hand-written signature is required by the decedent's next-of-kin on the *Next-of-Kin Donation Release* form, the *Next-of-Kin Donation Policy Acknowledgement* form and the *Next-of-Kin Donation Questionnaire*. In the case of multiple next-of-kin representatives, hand-written signatures of each representative are required on all documents.
- The hand-written signature of at least two witnesses are required on the *Next-of-Kin Donation Release* form, the *Next-of-Kin Donation Policy Acknowledgement* form and the *Next-of-Kin Donation Questionnaire*. A spouse or partner, family member, or friend is permissible as a witness as long as the individual is 18 years of age or older.
- Once the donation paperwork is complete with signatures, the original should be mailed or hand-delivered to NMU FROST (along with any photographs and/or medical/dental records and images), and you should keep at least one copy for your records. If the decedent had been working with a funeral director, a copy should also be given to the funeral director.

If you wish to donate the remains of a decedent who recently passed away to NMU FROST, please call NMU FROST at (906) 362-2307 or e-mail frost@nmu.edu to discuss the possible donation. Acceptance or denial of the donation will be made over the phone or via e-mail as quickly as possible. The *Next-of-Kin Donation Release* form, the *Next-of-Kin Donation Policy Acknowledgement* form, and as much of the *Next-of-Kin Donation Questionnaire* as possible must be completed immediately and faxed or e-mailed to NMU FROST. After the completed and signed forms are received by NMU FROST, and the body donation has been agreed to, the process for transporting the decedent's remains to the NMU FROST facility can begin.

Regarding Page 4 of the *Next-of-Kin Donation Questionnaire*: The *Next-of-Kin Donation Questionnaire* contains a special "Research/Donation Authorization" section that addresses specific research for which body donations may or may not be used. By checking a box, you are indicating your choice for the type of research you authorize NMU FROST to conduct or not to conduct involving the donor body. You will be asked to select one option in each section. Please be sure to complete all of these sections.

The following descriptions of the authorizations you will be asked to give will help you to make informed decisions.

Photographs

Photographs of our donors during life will be used to improve methods and training for forensic artists (e.g., forensic facial reconstruction to assist in the identification of unidentified individuals or age progressions to assist in the location of missing children). Photographs may also be used in research to improve facial recognition and facial image comparison methods in the law enforcement community.

Education and Research Involving Injury or Trauma

Some of the most important research in forensic anthropology involves the analysis of trauma. This research benefits the biomedical, medicolegal, and anthropological communities. Research of this type will help scientists better understand the processes of trauma, which will help to improve the interpretation of trauma in medicolegal death investigations and to develop products and practices intended to prevent and/or treat traumatic injuries in living people. This type of research would involve inflicting damage or trauma to the body in some way. A body will only be used in this type of research if the appropriate box is checked and if there is a need.

Donor Use by Other Institutions

There will be times when research and educational institutions outside of NMU will have need of donated human remains. This section allows you to choose whether or not you would allow NMU FROST to transfer use and/or curation of the donated remains to another institution upon their request/need.

Upper Michigan Brain Tumor Center

This section addresses whether or not you wish to have your brain donated to the Upper Michigan Brain Tumor Center. The Center's mission is to train the next generation of research and medical professionals, while improving patient outcomes by better understanding how brain cancer works. The Upper Michigan Brain Tumor Center is a collaboration between Northern Michigan University and Upper Peninsula Healthcare Systems-Marquette, a Duke LifePoint Hospital.

NMU Affiliation

This section asks about the decedent's affiliation with NMU. NMU affiliation status has no influence on decisions regarding donations, research, education, or any other procedures or studies at FROST involving the decedent's body. Donors with NMU affiliation will have the option to be added to a memorial plaque commemorating "Forever Wildcats," which will be on display at the NMU Forensic Anthropology Research Laboratory.

Special Requests and Considerations

This section allows you to make a special request regarding the type of research/teaching you would like to be involved with or any research/teaching you would prefer NMU FROST to avoid. NMU FROST will do our best to meet these requests, within reason, but we cannot guarantee that the requests will be met.

If you need assistance with any of the forms, please contact FROST Director, Dr. Jane Wankmiller, at (906) 227-1148 or jwankmil@nmu.edu.



NEXT-OF-KIN DONATION CHECKLIST

Please use this checklist to make sure all required donation paperwork is completed.

Thank you for choosing to donate to the Northern Michigan University (NMU) Forensic Research Outdoor Station (FROST). Enclosed you will find several forms required for body donation. Please complete all of the attached forms, sign them, make copies for your records and mail the originals to the following address:

Dr. Jane Wankmiller
Director, Forensic Research Outdoor Station
Department of Sociology & Anthropology
Northern Michigan University
1401 Presque Isle Avenue
Marquette, MI 49855

- NMU FROST Next-of-Kin Body Donation Release (2 pages)**
This is a legally binding document allowing a decedent's next-of-kin to donate his/her body to NMU FROST. This document must have a minimum of two witness signatures (witnesses must be 18 years of age or older). If there are multiple next-of-kin representatives, hand-written signatures on this form are required from each representative.
- NMU FROST Next-of-Kin Donation Policy Acknowledgements (2 pages)**
This is a legally binding document that outlines important items of NMU FROST policy to which the decedent's next-of-kin must agree before NMU FROST can accept a body donation. This document must have a minimum of two witness signatures (witnesses must be 18 years of age or older) and if there are multiple next-of-kin representatives, hand-written signatures on this form are required from each representative.
- NMU FROST Next-of-Kin Donation Questionnaire (5 pages)**
All information on this form is confidential. It is important for NMU FROST's education and research missions to have complete and accurate information about our donors. Please make sure to complete all sections of this document. We ask that any changes to this vital information be reported to FROST to keep our records up to date.
- Photographs**
Photographs can be submitted as originals (which will be scanned and then returned) or as electronic files (preferably TIFF or PNG format, at a resolution of 300dpi or greater). If you choose to donate photographs for educational and research purposes, please include the following if available:
 - At least two (2) recent close-up facial photographs; (such as passport or driver's license photo).
 - At least one profile (side view) photograph.
 - Labeled photos from throughout the decedent's life, including childhood through adulthood; photos showing different expressions; photos showing weight gain or loss.

If you have any questions or concerns about the paperwork included in this packet, please contact the FROST Director, Dr. Jane Wankmiller, at (906) 227-1148 or jwankmil@nmu.edu.



FROST NEXT-OF-KIN BODY DONATION RELEASE

Pursuant to the Revised Uniform Anatomical Gift Law, I (we) donate the decedent's body as an unrestricted anatomical gift to Northern Michigan University (NMU) Forensic Research Outdoor Station (FROST) or its designee to be used in the advancement of scientific education and research. I hereby relinquish all rights and claims regarding the decedent's body and all claims which I have or may acquire for possession or the right to dispose of and deal with the decedent's remains. I direct that by accepting and using the decedent's body for educational and research purposes and its subsequent disposition, neither the State of Michigan, nor Northern Michigan University, nor the Forensic Research Outdoor Station shall incur any liability and no manner of claim shall rise against the State of Michigan, Northern Michigan University, the Forensic Research Outdoor Station, their regents, employees, agents, and officers, or those involved in research or education associated with the aforementioned facilities.

In the case of multiple next-of-kin representatives, hand-written signatures on this form are required from each representative. Please add additional necessary next-of-kin signature(s) and contact information on the back of this form.

_____ Next-of-Kin 1 Signature	_____ Date	_____ Next-of-Kin 2 Signature	_____ Date
_____ Next-of-Kin 1 Full Name (print)		_____ Next-of-Kin 2 Full Name (print)	
_____ Next-of-Kin 1 Street Address		_____ Next-of-Kin 2 Street Address	
_____ Next-of-Kin 1 City, State, Zip		_____ Next-of-Kin 2 City, State, Zip	
_____ Next-of-Kin 1 Phone Number		_____ Next-of-Kin 2 Phone Number	
_____ Next-of-Kin 1 Alternate Phone Number or E-mail		_____ Next-of-Kin 2 Alternate Phone Number or E-mail	

This FROST *Next-of-Kin Donation Release* form was signed by the donor's next-of-kin, who appear(s) to be of a sound mind and signed freely and without coercion in our presence and we, as attesting witnesses (18 years of age or older), in the presence of the decedent's next-of-kin and each other sign this document.

_____ Witness 1 Signature	_____ Date	_____ Witness 2 Signature	_____ Date
_____ Witness 1 Full Name (print)		_____ Witness 2 Full Name (print)	
_____ Witness 1 Street Address		_____ Witness 2 Street Address	
_____ Witness 1 City, State, Zip		_____ Witness 2 City, State, Zip	
_____ Witness 1 Phone Number		_____ Witness 2 Phone Number	

Selected provisions from the Revised Michigan Anatomical Gift Law, Public Act 368 of 1978, amended as Public Act 39 of 2008, are provided below. The full text of the statute may be viewed by visiting the Michigan Legislature website at: <http://legislature.mi.gov/doc.aspx?mcl-368-1978-10-101>.

PLEASE NOTE: Although the information in this guide is about legal issues, it is not intended as legal advice or as a substitute for the advice of your own counsel. While a reasonable effort has been made to compile complete and accurate information in this guide, NMU Forensic Research Outdoor Station does not assume any liability resulting from any errors or omissions.

**ARTICLE 10 PART 101
EXCERPTS FROM ACT NO. 368 PUBLIC ACTS OF 1978**

Sec. 10102. (1) An individual of sound mind and 18 years of age or more may give all or any physical part of the individual's body for any purpose specified in section 10103, the gift to take effect upon death.

Sec. 10103. The following persons may become donees of gifts of bodies or physical parts thereof for the purposes stated:

(b) Any accredited medical or dental school, college or university for education, research, advancement of medical or dental science, therapy, or transplantation.

Sec. 10104. (1) A gift of all or a physical part of the body under section 10102 (1) may be made by will. The gift becomes effective upon the death of the testator without waiting for probate. If the will is not probated, or if it is declared invalid for testamentary purposes, the gift, to the extent that it has been acted upon in good faith, is nevertheless valid and effective.

Sec. 10106. If the gift is made by the donor to a specified donee, the will, card or other document, or an executed copy thereof, may be delivered to the donee to expedite the appropriate procedures immediately after death. Delivery is not necessary to the validity of the gift. The will, card or other document, or an executed copy thereof, may be deposited in any hospital, bank, or storage facility or registry office that accepts it for safekeeping or for facilitation of procedures after death. On request of any interested party upon or after the donor's death, the person in possession shall produce the document for examination.

Sec. 10107. (1) If the will, card or other document or executed copy thereof, has been delivered to a specified donee, the donor may amend or revoke the gift by any of the following methods:

(a) The execution and delivery to the donee of a signed statement.
(b) An oral statement made in the presence of 2 persons and communicated to the donee.
(c) A statement during a terminal illness or injury addressed to an attending physician and communicated to the donee.

(d) A signed card or document found on his person or in his effects.

(2) Any document of gift which has not been delivered to the donee may be revoked by the donor in the manner set out in subsection (1), or by destruction, cancellation or mutilation of the document and all executed copies thereof.

(3) Any gift made by a will may also be amended or revoked in the manner provided for amendment or revocation of wills, or as provided in subsection (1).

Sec. 10108. (1) The donee may accept or reject the gift. If the donee accepts a gift of the entire body, the surviving spouse, next-of-kin or other persons having authority to direct and arrange for the funeral and burial or other disposition of the body may, subject to the terms of the gift, authorize embalming and the use of the body in a funeral service. If the gift is a part of the body, the donee, upon death of the donor and prior to embalming, shall cause the part to be removed without unnecessary mutilation. After removal of the part, custody of the remainder of the body vests in the surviving spouse, next-of-kin or such other persons having authority to direct and arrange for the funeral and burial or other disposition of the remainder of the body.

Sec. 10109. This part shall be so construed as to effectuate its general purpose to make uniform the law of those states which enact it.



FROST NEXT-OF-KIN DONATION POLICY ACKNOWLEDGEMENTS

My (our) initials next to the following statements indicate my (our) acknowledgement of FROST policies pertaining to the donation of a body by a decedent's next-of-kin.

_____ I (we) am the decedent's legal next-of-kin. I (we) understand that in the case of multiple next-of-kin representatives, hand-written signatures on this form are required from each representative.

_____ I (we) am aware that my (our) donation of the decedent's body to NMU FROST is a forever donation and the body (whole or in part) will not be cremated or returned to the family or any other recipient.

_____ I (we) understand that NMU FROST will pay for the transportation of the decedent's body to the facility from an acceptable location within a 200-mile driving distance of Northern Michigan University (located at 1401 Presque Isle Avenue, Marquette, MI 49855). If the decedent's body is located outside of a 200-mile driving distance of NMU FROST at the time of death, I (we) acknowledge that I (we) will assume responsibility for all arrangements and costs associated with transporting the decedent's body to an acceptable location within the 200-mile driving distance of NMU FROST.

_____ I (we) understand that NMU FROST staff cannot transport the decedent's body from the location of death if that location is a private residence. I (we) acknowledge that I (we) will assume responsibility for all arrangements and costs associated with transporting the decedent's body to an acceptable location within the 200-mile driving distance of NMU FROST if the location of death is a private residence.

_____ I (we) understand that an acceptable location is a medical facility (hospital, hospice, other 24-hour care facility), forensic center or funeral home.

_____ I (we) understand that NMU FROST cannot accept a decedent's body as a donation if the individual has been diagnosed with some forms of communicable diseases or infections (e.g., HIV/AIDS, tuberculosis, hepatitis, or active antibiotic resistant infections such as MRSA).

_____ I (we) understand that NMU FROST reserves the right to decline donations and that completion of this paperwork does not guarantee the acceptance of a donor into the NMU FROST program. I understand that NMU FROST cannot accept embalmed bodies or bodies weighing over 350 pounds. I understand that if NMU FROST is unable to accept the decedent's body and declines the donation, I (we) must make other arrangements for the final disposition of the decedent's body and NMU FROST is not responsible for any costs associated with other necessary arrangements.

_____ I (we) understand that if a decedent's body either exceeds the maximum weight limit of 350 pounds or has a communicable disease or infection, NMU FROST can accept the donation of the decedent's body following cremation. I (we) understand that I (we) am responsible for arrangements and costs associated with cremation of the decedent's body prior to donation and that NMU FROST cannot accept cremated remains that have been pulverized.

_____ I (we) understand that NMU FROST may be unable to pick up the decedent's body immediately. In this case, I (we) understand that it is my (our) responsibility to arrange for pickup and storage at a funeral home/transport service within a 200-mile driving distance of Marquette, MI, until NMU FROST is available.

_____ I (we) understand that NMU FROST does not perform autopsies to determine cause of death on donations to their program. In Michigan, the medical examiner for the county in which the death occurs must determine whether or not an autopsy is needed before the donation is released to NMU FROST and must approve of the transportation of a decedent outside of the county of death prior to transport.

_____ I (we) understand that the initial review and notification of acceptance or denial of my (our) donation of the decedent's body to NMU FROST may take place via e-mail or fax and that if the donation is accepted, I (we) must complete and return the original paperwork to NMU FROST via U.S. mail as soon as possible.

_____ I (we) hereby relinquish all rights and claims regarding the decedent's body and direct that by accepting and using the decedent's body for educational and scientific purposes and its subsequent disposition, neither the State of Michigan, nor Northern Michigan University Forensic Research Outdoor Station shall incur any liability and no manner of claim shall rise against the State of Michigan, Northern Michigan University, the Forensic Research Outdoor Station, or those involved in research or education associated with the aforementioned facilities.

I have read, understand, and agree to the above policies regarding the donation of a decedent's remains to the Northern Michigan University Forensic Research Outdoor Station.

_____ Next-of-Kin 1 Signature	_____ Date	_____ Next-of-Kin 2 Signature	_____ Date
_____ Next-of-Kin 1 Full Name (print)		_____ Next-of-Kin 2 Full Name (print)	
_____ Next-of-Kin 1 Street Address		_____ Next-of-Kin 2 Street Address	
_____ Next-of-Kin 1 City, State, Zip		_____ Next-of-Kin 2 City, State, Zip	
_____ Next-of-Kin 1 Phone Number		_____ Next-of-Kin 2 Phone Number	
_____ Next-of-Kin 1 Alternate Phone Number or E-mail		_____ Next-of-Kin 2 Alternate Phone Number or E-mail	

Please add additional necessary next-of-kin signature(s) and contact information on the back of this form.

This FROST *Next-of-Kin Policy Acknowledgements* form was signed by the donor's next-of-kin, who appear(s) to be of a sound mind and signed freely and without coercion in our presence and we, as attesting witnesses (18 years of age or older), in the presence of the decedent's next-of-kin and each other sign this document.

_____ Witness 1 Signature	_____ Date	_____ Witness 2 Signature	_____ Date
_____ Witness 1 Full Name (print)		_____ Witness 2 Full Name (print)	
_____ Witness 1 Street Address		_____ Witness 2 Street Address	
_____ Witness 1 City, State, Zip		_____ Witness 2 City, State, Zip	
_____ Witness 1 Phone Number		_____ Witness 2 Phone Number	



FROST NEXT-OF-KIN DONATION QUESTIONNAIRE

All of the information on this form is confidential. Please complete the following information by filling in the blanks and/or checking an option. If you need more space in any of the sections, additional sheets may be attached. For assistance with completing this form, please feel free to contact the NMU FROST Body Donation Program at (906) 362-2307 or e-mail frost@nmu.edu.

Research and teaching at FROST extend beyond the information included on this form. Photographs of our donors will aid in training forensic artists, and health records (treatment charts, medical and/or dental X-rays, photographs) will aid other scientists in the development or improvement of methods. Please consider donating photographs of the decedent at different times during life, from childhood until very recently, and any/all health-related records and images that may be available.

Decedent Identification					
Last Name		First Name		Middle Name	Maiden
Biological Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other		Race/Ancestry: <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> European <input type="checkbox"/> Other Race/Ancestry: _____	
Date of Birth		Place of Birth (City, County, State, Country)			SSN ____-____-____
Current Address		City	State	Zip Code	Within City Limits? Yes No Unsure
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married					
Spouse/Partner Identification					
Last Name		First Name		Middle Name	Maiden
Decedent's Spouse/Partner is: <input type="checkbox"/> Living <input type="checkbox"/> Deceased <input type="checkbox"/> Unsure					
Family Information					
Mother's Last Name		Mother's First Name		Mother's Middle Name	Mother's Maiden
Father's Last Name		Father's First Name		Father's Middle Name	Parental Relationship: <input type="checkbox"/> Biological <input type="checkbox"/> Adoptive
Education					
Highest Level of Education <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9-12 th grade, no diploma <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college <input type="checkbox"/> Certificate/License <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate/Professional <input type="checkbox"/> Unsure					
Occupation					
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disability <input type="checkbox"/> Unsure					
Employer (or most recent employer)		Occupation	Years	Repeated Activity?	
Service					
Was the decedent ever a Peace Officer in the state of Michigan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			Agency		Years
Did the decedent ever serve in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			Branch		(Function) Years

Please continue to the next page.

Physical Characteristics				
Height:	Weight:	Are you estimating? Yes No	Shoe Size	Blood Type
Eye Color <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Hazel <input type="checkbox"/> Other				
Has the donor's weight changed recently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			If the donor is obese, for how long?	
Socioeconomic Status (please estimate to the best of your ability)				
Childhood: <input type="checkbox"/> Low <input type="checkbox"/> Lower-Middle <input type="checkbox"/> Middle <input type="checkbox"/> Upper-Middle <input type="checkbox"/> Upper				
Adulthood: <input type="checkbox"/> Low <input type="checkbox"/> Lower-Middle <input type="checkbox"/> Middle <input type="checkbox"/> Upper-Middle <input type="checkbox"/> Upper				
Geographic History (to the best of your knowledge or recollection, please indicate where the decedent has lived)				
City/State		From (Date): _____ Until (Date): _____		
City/State		From (Date): _____ Until (Date): _____		
City/State		From (Date): _____ Until (Date): _____		
City/State		From (Date): _____ Until (Date): _____		
City/State		From (Date): _____ Until (Date): _____		
City/State		From (Date): _____ Until (Date): _____		
City/State		From (Date): _____ Until (Date): _____		
City/State		From (Date): _____ Until (Date): _____		
City/State		From (Date): _____ Until (Date): _____		
City/State		From (Date): _____ Until (Date): _____		
Dental History (please indicate the approximate year or age for each)				
Braces? _____	Bridge? _____	Upper Denture? _____	Lower Denture? _____	
Dental Trauma?				
Please describe the decedent's dental history in greater detail, including gum disease, restorations, and any other information you believe is pertinent.				

Please continue to the next page.

Medical History (please indicate type/location and approximate year or age for each)			
General Surgery:			
Cosmetic Surgery:			
Fractures:			
Auto Accident (causing injury):			
Cancer:			
Spinal Injuries:			
Open Heart Surgery:			
Amputations:			
Joint Replacements:			
Prosthetics:			
Diabetes: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II Years? _____ Insulin Dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the decedent ever been diagnosed with (please check all that apply)? <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Brucellosis <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Plague			
Alcohol Use: <input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Unsure Please Describe: _____ Years? _____ Average number of drinks per week: <input type="checkbox"/> 0-1 <input type="checkbox"/> 2-7 <input type="checkbox"/> 7-20 <input type="checkbox"/> more than 20			
Tobacco Use: <input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Unsure Type: <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Chewing Tobacco <input type="checkbox"/> Other Number/Amount per day: _____ If Other, please describe: _____			
Illicit Drug Use: <input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Unsure Please Describe: _____ Years? _____ Number/Amount per day: _____ If past, please indicate when the illicit drug use ceased: _____			
Please provide additional information about the decedent's medical history that you believe may be helpful. Please include a list of prescribed medications and the length of time the decedent has been taking them.			
Please list any habitual/repetitive activities (e.g., typing, playing tennis, kneeling, bending, etc.):			
Female Donors Only			
Number of pregnancies:	Number of births:	Hysterectomy? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____	Cesarean? <input type="checkbox"/> Yes <input type="checkbox"/> No Year(s): _____
Tattoos and Piercings			
Tattoos? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe and indicate the location of any tattoos and the approximate years in which they were done.		
Body Piercings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe and indicate the location of any body piercings.		

Please continue to the next page.

RESEARCH/DONATION AUTHORIZATION

Photographs (Please check one)	
<input type="checkbox"/>	I (we) DO NOT wish to donate personal photographs of the decedent during life to be used for educational and research purposes.
<input type="checkbox"/>	I (we) wish to donate personal photographs of the decedent during life to be used for educational and research purposes.
Education and Research Involving Injury or Trauma (Please check one)	
<input type="checkbox"/>	I (we) DO NOT authorize NMU FROST to use the decedent's body for education and research involving injury/trauma.
<input type="checkbox"/>	I (we) authorize NMU FROST to use the donation of the decedent's body for education and research involving injury/trauma.
Donor Use by Other Institutions (Please check one)	
<input type="checkbox"/>	I (we) DO NOT authorize NMU FROST to transfer the decedent's body to another institution for education and/or research purposes.
<input type="checkbox"/>	I (we) authorize the decedent's body to be used for education and research at NMU FROST or to be transferred to another institution/corporation for research and/or education purposes.
Brain Donation to Upper Michigan Brain Tumor Center (Please check one)	
<input type="checkbox"/>	I (we) DO NOT choose to donate the decedent's brain to the Upper Michigan Brain Tumor Center for the advancement of brain tumor and cancer research.
<input type="checkbox"/>	I (we) choose to donate the decedent's brain to the Upper Michigan Brain Tumor Center for the advancement of brain tumor and cancer research.
NMU Affiliation (please check one)	
<input type="checkbox"/>	The decedent has never had any affiliation with NMU.
<input type="checkbox"/>	The decedent considered him/herself an NMU Wildcat.
Special Requests and Considerations	
Please indicate any special requests you have regarding research you would either like the decedent to be part of or would specifically like us to avoid. We will do our best to accommodate your request, but we cannot make any guarantees.	

The information provided in this document is complete and correct to the best of my(our) knowledge.

Number of surviving next-of-kin: _____

Next-of-Kin 1		
<input type="checkbox"/> I am aware that the decedent's remains will not be cremated or returned to the family.		
First Name	Last Name	Relationship to decedent
Street Address		Suite/Unit/Apartment
City	State	Zip
Phone 1	Phone 2	E-mail Address
Signature		Date

Next-of-Kin 2 (if applicable)		
<input type="checkbox"/> I am aware that the decedent's remains will not be cremated or returned to the family.		
First Name	Last Name	Relationship to decedent
Street Address		Suite/Unit/Apartment
City	State	Zip
Phone 1	Phone 2	E-mail Address
Signature		Date

This FROST *Next-of-Kin Policy Acknowledgements* form was signed by the donor's next-of-kin, who appear(s) to be of a sound mind and signed freely and without coercion in our presence and we, as attesting witnesses (18 years of age or older), in the presence of the decedent's next-of-kin and each other sign this document.

Witness 1 Signature	Date	Witness 2 Signature	Date
Witness 1 Full Name (print)		Witness 2 Full Name (print)	
Witness 1 Street Address		Witness 2 Street Address	
Witness 1 City, State, Zip		Witness 2 City, State, Zip	
Witness 1 Phone Number		Witness 2 Phone Number	

Thank you for taking the time to complete this questionnaire.

Please print, complete, sign, and distribute one copy of this form to each:

Original: NMU FROST (Donee)
 Copies: Decedent's next-of-kin | Physician/Attorney/Relative or Friend | Funeral Director

The original copy of this document may be sent to:
 Dr. Jane Wankmiller
 Director, Forensic Research Outdoor Station
 Department of Sociology & Anthropology
 Northern Michigan University
 1401 Presque Isle Avenue
 Marquette, MI 49855

Upon the death of a donor, immediately call (906) 362-2307. This number is in operation 24 hours.
 The potential donor will be evaluated and arrangements made for transport, if the donation is approved.

Please consider designating the NMU Forensic Research Outdoor Station for charitable donations in memory of your loved one. Giving a contribution in honor of a donation provides an opportunity to celebrate a loved one as well as support our mission to advance scientific research and education. For more information about the research we conduct at FROST, please visit our website at: www.nmu.edu/frost.

OFFICE USE ONLY	
Location of Death	
<input type="checkbox"/> Residence	<input type="checkbox"/> Hospital
<input type="checkbox"/> Hospice	<input type="checkbox"/> Other
Date of Death (MM/DD/YYYY)	Time of Death (Military)
Location of Death: Address (Street, Apt./Unit, City, State, Zip)	
Pronounced by:	
Date (MM/DD/YYYY)	Time (Military)
Verified by:	
Date (MM/DD/YYYY)	Time (Military)



SELF-DONATION PAPERWORK INSTRUCTIONS

This *Self-Donation Packet* contains the following documents: *Self-Donation Packet Checklist* (1-page), *Self-Donation Release* form (2-pages), *Self-Donation Policy Acknowledgement* form (2-pages), and the *Self-Donation Questionnaire* (5-pages). The forms must be completed in their entirety and received by Northern Michigan University (NMU) Forensic Research Outdoor Station (FROST) before a body donation can be accepted. All forms in this packet can be hand-written or typed.

- A hand-written signature is required by the donor on the *Self-Donation Release* form, the *Self-Donation Policy Acknowledgement* form and the *Self-Donation Questionnaire*.
- The hand-written signature of at least two witnesses are required on the *Self-Donation Release* form, the *Self-Donation Policy Acknowledgement* form and the *Self-Donation Questionnaire*. The donor's spouse or partner, family member, or friend is permissible as a witness as long as the individual is 18 years of age or older.
- A hand-written signature is required by the donor's next-of-kin on the *Self-Donation Policy Acknowledgement* form and the *Self-Donation Questionnaire*. In the case of multiple next-of-kin representatives, hand-written signatures of all representatives are required on both documents.
- Once the donation paperwork is complete with signatures, the original should be mailed or hand-delivered to NMU FROST (along with any photographs and/or medical/dental records and images). One copy should be kept by you, the donor, and one copy should be given to your next-of-kin, physician, attorney, relative or friend. We also encourage donors to make their wishes known to family members and, if working with a funeral home, to the funeral director.

After NMU FROST receives the completed and signed donation paperwork, you will be sent a pocket-sized donor card to be carried with you at all times. The card confirms enrollment in the donor program and also provides the procedures to be followed in the event of your death, so that NMU FROST can be notified immediately.

Regarding Page 4 of the *Self-Donation Questionnaire*: The *Self-Donation Questionnaire* contains a special "Research/Donation Authorization" section that addresses specific research for which body donations may or may not be used. By checking a box, you are indicating your choice for the type of research you authorize NMU FROST to conduct or not to conduct involving your body. You will be asked to select one option in each section. Please be sure to complete all of these sections.

The following are descriptions of the authorizations that you will be asked to provide on the *Self-Donation Questionnaire*.

Photographs

Photographs of our donors during life will be used to improve methods and training for forensic artists (e.g., forensic facial reconstruction to assist in the identification of unidentified individuals or age progressions to assist in the location of missing children). Photographs may also be used in research to improve facial recognition and facial image comparison methods in the law enforcement community.

Education and Research Involving Injury or Trauma

Some of the most important research in forensic anthropology involves the analysis of trauma. This research benefits the biomedical, medicolegal, and anthropological communities. Research of this type will help scientists better understand the processes of trauma, which will help to improve the interpretation of trauma in medicolegal death investigations and to develop products and practices intended to prevent and/or treat traumatic injuries in living people. This type of research would involve inflicting damage or trauma to the body in some way. Your body will only be used in this type of research if you check the appropriate box and if there is a need.

Donor Use by Other Institutions

There will be times when research and educational institutions outside of NMU will have need of donated human remains. This section allows you to choose whether or not you would allow NMU FROST to transfer use and/or curation of your donated remains to another institution upon their request/need.

Upper Michigan Brain Tumor Center

This section addresses whether or not you wish to have your brain donated to the Upper Michigan Brain Tumor Center. The Center's mission is to train the next generation of research and medical professionals, while improving patient outcomes by better understanding how brain cancer works. The Upper Michigan Brain Tumor Center is a collaboration between Northern Michigan University and Upper Peninsula Healthcare Systems-Marquette, a Duke LifePoint Hospital.

NMU Affiliation

This section asks about your affiliation with NMU. NMU affiliation status has no influence on decisions regarding donations, research, education, or any other procedures or studies at FROST involving a donor's body. Donors with NMU affiliation will have the option to be added to a memorial plaque commemorating "Forever Wildcats," which will be on display at the NMU Forensic Anthropology Research Laboratory.

Special Requests and Considerations

This section allows you to make a special request regarding the type of research/teaching you would like to be involved with or any research/teaching you would prefer NMU FROST to avoid. NMU FROST will do our best to meet these requests, within reason, but we cannot guarantee that the requests will be met.

If you need assistance with any of the forms, please contact FROST Director, Dr. Jane Wankmiller, at (906) 227-1148 or jwankmil@nmu.edu.



SELF-DONATION CHECKLIST

Please use this checklist to make sure all required donation paperwork is completed.

Thank you for choosing to donate to the Northern Michigan University (NMU) Forensic Research Outdoor Station (FROST). Enclosed you will find several forms required for body donation. Please complete all of the attached forms, sign them, make copies for your records and mail the originals to the following address:

Dr. Jane Wankmiller
Director, Forensic Research Outdoor Station
Department of Sociology & Anthropology
Northern Michigan University
1401 Presque Isle Avenue
Marquette, MI 49855

- NMU FROST Self-Donation Release (2 pages)**
This is a legally binding document allowing an individual to donate his/her body after death to NMU FROST. This document must have a minimum of two witness signatures (witnesses must be 18 years of age or older).
- NMU FROST Self-Donation Policy Acknowledgements (2 pages)**
This is a legally binding document that outlines important items of NMU FROST policy to which you must agree before NMU FROST can accept a body donation. This document must have a minimum of two witness signatures (witnesses must be 18 years of age or older).
- NMU FROST Self-Donation Questionnaire (5 pages)**
All information on this form is confidential. It is important for NMU FROST's education and research missions to have complete and accurate information about our donors. Please make sure to complete all sections of this document. We ask that any changes to this vital information be reported to FROST to keep our records up to date.
- Photographs**
Photographs can be submitted as originals (which will be scanned and then returned) or as electronic files (preferably TIFF or PNG format, at a resolution of 300dpi or greater). If you choose to donate photographs for educational and research purposes, please include the following, if available:
 - At least two (2) recent close-up facial photographs; (such as passport or driver's license photo)
 - At least one profile (side view) photograph.
 - Labeled photos from throughout your life, including childhood through adulthood; photos showing different expressions; photos showing weight gain or loss.

If you have any questions or concerns about the paperwork included in this packet, please contact the FROST Director, Dr. Jane Wankmiller, at (906) 227-1148 or jwankmil@nmu.edu.

Selected provisions from the Revised Michigan Anatomical Gift Law, Public Act 368 of 1978, amended as Public Act 39 of 2008, are provided below. The full text of the statute may be viewed by visiting the Michigan Legislature website at: <http://legislature.mi.gov/doc.aspx?mcl-368-1978-10-101>.

PLEASE NOTE: Although the information in this guide is about legal issues, it is not intended as legal advice or as a substitute for the advice of your own counsel. While a reasonable effort has been made to compile complete and accurate information in this guide, NMU Forensic Research Outdoor Station does not assume any liability resulting from any errors or omissions.

**ARTICLE 10 PART 101
EXCERPTS FROM ACT NO. 368 PUBLIC ACTS OF 1978**

Sec. 10102. (1) An individual of sound mind and 18 years of age or more may give all or any physical part of the individual's body for any purpose specified in section 10103, the gift to take effect upon death.

Sec. 10103. The following persons may become donees of gifts of bodies or physical parts thereof for the purposes stated:

(b) Any accredited medical or dental school, college or university for education, research, advancement of medical or dental science, therapy, or transplantation.

Sec. 10104. (1) A gift of all or a physical part of the body under section 10102 (1) may be made by will. The gift becomes effective upon the death of the testator without waiting for probate. If the will is not probated, or if it is declared invalid for testamentary purposes, the gift, to the extent that it has been acted upon in good faith, is nevertheless valid and effective.

Sec. 10106. If the gift is made by the donor to a specified donee, the will, card or other document, or an executed copy thereof, may be delivered to the donee to expedite the appropriate procedures immediately after death. Delivery is not necessary to the validity of the gift. The will, card or other document, or an executed copy thereof, may be deposited in any hospital, bank, or storage facility or registry office that accepts it for safekeeping or for facilitation of procedures after death. On request of any interested party upon or after the donor's death, the person in possession shall produce the document for examination.

Sec. 10107. (1) If the will, card or other document or executed copy thereof, has been delivered to a specified donee, the donor may amend or revoke the gift by any of the following methods:

- (a) The execution and delivery to the donee of a signed statement.
- (b) An oral statement made in the presence of 2 persons and communicated to the donee.
- (c) A statement during a terminal illness or injury addressed to an attending physician and communicated to the donee.
- (d) A signed card or document found on his person or in his effects.

(2) Any document of gift which has not been delivered to the donee may be revoked by the donor in the manner set out in subsection (1), or by destruction, cancellation or mutilation of the document and all executed copies thereof.

(3) Any gift made by a will may also be amended or revoked in the manner provided for amendment or revocation of wills, or as provided in subsection (1).

Sec. 10108. (1) The donee may accept or reject the gift. If the donee accepts a gift of the entire body, the surviving spouse, next-of-kin or other persons having authority to direct and arrange for the funeral and burial or other disposition of the body may, subject to the terms of the gift, authorize embalming and the use of the body in a funeral service. If the gift is a part of the body, the donee, upon death of the donor and prior to embalming, shall cause the part to be removed without unnecessary mutilation. After removal of the part, custody of the remainder of the body vests in the surviving spouse, next-of-kin or such other persons having authority to direct and arrange for the funeral and burial or other disposition of the remainder of the body.

Sec. 10109. This part shall be so construed as to effectuate its general purpose to make uniform the law of those states which enact it.