

**CONTRACT FOR MAKING ANATOMICAL GIFT OF DECEDENT'S BODY**

I, (PRINT NAME) \_\_\_\_\_, hereby make an anatomical gift of the body of (NAME OF DECEDENT) \_\_\_\_\_ to Western Carolina University Forensic Anthropology Program and Facilities. I am a person authorized under N.C.G.S. § 130A-412.11 to make the above gift for the purpose of research and education.

I understand that the Western Carolina University Forensic Anthropology Program and Facilities is not responsible for:

1. Arranging for transportation of the remains to Cullowhee, North Carolina;
2. Cold storage of the remains prior to receipt of them;
3. Production and filing of the death certificate; or
4. Any other costs incurred in the transferal of the remains to the Western Carolina University Forensic Anthropology Program and Facilities. I understand that arrangements for these services will be made with a funeral home.

By completing this donation paperwork, you acknowledge that you are familiar with WCU's Forensic Anthropology Program's Willed Body Donation paperwork, the Revised Uniform Anatomical Gift Act (Part 3A of Article 16 of Chapter 130A of the North Carolina General Statutes) and you consent to have the decedent's remains participate in these experiences. Additional consent for unique uses of human remains can be opted out below:

If you do NOT want the decedent's remains being used for the following unique types of experiences, please check the appropriate boxes:

I do **NOT** want my remains to be used in intentional research on skeletal modification. This research provides data and learning experiences to forensic anthropologists and other professionals in understanding how external factors may affect and modify the body and skeleton.

I do **NOT** want my remains to be used in genetic research. This research provides data and learning experiences to forensic anthropologists and other professionals in understanding human genetic variation and its role in identification. Note that WCU will not investigate health-related information or predisposition of genetic disorders, and any genetic data will be kept strictly confidential and not distributed in any open-access online databases.

My signature below indicates I do wish to donate the remains of the above-mentioned deceased on \_\_\_\_\_ (day) of \_\_\_\_\_ (month), 20\_\_\_\_ (year) at \_\_\_\_\_ City, State

\_\_\_\_\_  
Signature of donating person

\_\_\_\_\_  
Relationship to the deceased

\_\_\_\_\_  
Donating person's address

\_\_\_\_\_  
Donating person's phone number

\_\_\_\_\_  
Donating person's email (optional)

This form should be executed in triplicate and signed individually. The donor keeps a copy, one copy should be retained by the Next-of-Kin, and one copy should be sent to: Body Donation Program, Department of Anthropology and Sociology, Western Carolina University, Cullowhee, North Carolina 28723.