

**Who may donate to the Willed Body Program?** Any person 18 years old and older who is at least a part-time resident of Arizona may enroll as a body donor with the Willed Body Program. There is no upper age limit.

**Please note:** *All donors must be enrolled and active in our database to be considered for acceptance into the program.*

**Can the Willed Body Program deny my donation at the time of death?** Possession of a Body Donor Card does not guarantee acceptance into the program. Some restrictions and conditions that may preclude acceptance of a donation include, but are not limited to:

- Unenrolled in the Willed Body Program at the time of death
- Obesity
- Autopsy or major trauma (i.e., automobile accident, etc.)
- Recent surgery
- Organ donation (other than the corneas)
- Suicide
- Severe edema
- A history or active infection of HIV/AIDS or hepatitis
- Diseases such as MRSA, sepsis, or tuberculosis at the time of death
- Family member objections
- A delay in notifying the Willed Body Program of the donor's death
- The program's facilities are at capacity

In order to enroll in the Willed Body Program at the University of Arizona, your weight must be <b>no more than 10 pounds over the amount listed below:</b>	
Height	Weight
4 feet, 10 inches	140 lbs.
5 feet, 0 inches	150 lbs.
5 feet, 2 inches	160 lbs.
5 feet, 4 inches	170 lbs.
5 feet, 6 inches	180 lbs.
5 feet, 8 inches	190 lbs.
5 feet, 10 inches	200 lbs.
6 feet, 0 inches	220 lbs.
6 feet, 2 inches	230 lbs.
6 feet, 4 inches	240 lbs.
6 feet, 6 inches	250 lbs.

*It is advisable to have alternate arrangements in place should your donation be declined.*

**How will my donation benefit the program?** Donors support medical training and education at the University of Arizona College of Medicine's Tucson and Phoenix campuses, as well as education and training at other accredited educational institutions throughout the United States of America.

**Is there a fee to enroll?** In most cases, the costs of transportation is covered by the Willed Body Program. If a funeral home must be used, all costs associated with services, storage and transportation by the funeral home are the responsibility of the family or responsible party.

**Can part-time residents of Arizona enroll?** Yes. However, the program can only accept deaths that occur within the State of Arizona.

**Can I enroll on behalf of someone else?** No. The Willed Body Program cannot accept paperwork that is not signed by the donor.

**What is the process following the death of a body donor?** After a body donor's death is pronounced, a family member or medical caretaker must contact the pager number listed on the body donor card. Final acceptance into the Willed Body Program will be made at that time. If accepted, arrangements for transportation to the University of Arizona College of Medicine in Tucson, Arizona will be made. ***Please note that transportation does come from Tucson. It may take a few hours to arrive at the location of the donor. Families may choose, at their expense, to make arrangements for a local funeral home to hold the donor at their location until the Willed Body Program's transportation arrives.*** If declined, the donor's family or other responsible party will need to arrange an alternate disposition.

**How do I obtain a death certificate?** The Willed Body Program coordinates the signing and filing of the death certificate. It can take up to two weeks before the certificate is filed with the state of Arizona. The Willed Body Program cannot provide any copies of the death certificate itself but will provide information to the next of kin on how to order them. Please note that Arizona is a closed record state meaning you will need to show proof of relationship or legal interest in order to obtain certified copies. For more information on Arizona death certificates, please visit their website at [www.azdhs.gov](http://www.azdhs.gov)

**Is it possible to view the donor after they have arrived at the Willed Body Program?** Unfortunately it is not possible to view the donor once they have arrived at the Willed Body Program. It may be possible to arrange for a family viewing at a local funeral home, at the families' expense. Please note that a visitation with embalming is not possible due to time constraints and the anatomical preparation process.

**Is it possible to know or receive a report detailing how the donor's body was used?** Due to the anonymity of our donors while they are teaching, no pathological findings or reports are kept. Most donors teach anatomy, but they can also teach continuing education courses for physicians and surgeons.

**Will the donor's organs and tissues be used for transplants or research?** No. The Willed Body Program is a whole-body donation program created for the purpose of furthering medical education and training. A donor's body will not be accepted at the time of death if organs or tissues are removed by another donation program (with the exception of the corneas).

**Upon completion in the Willed Body Program, what happens to the donor's body?** All donors are cremated and the cremated remains are scattered in a professional and dignified manner by the Willed Body Program. **Cremated remains will not be returned to the donor's surviving family.** Please make sure to discuss your wishes with your family prior to submitting your enrollment paperwork.

**Do you need to state your wish to donate your body in your will?** You do not need to state your wish for body donation in your will. However, it is advisable to let others know of your decision regarding body donation to ensure your wish is carried out. The Willed Body Program will not accept a body donation over family objections.

#### **What is the enrollment process?**

Please fill out and submit the original, signed forms to:

**Willed Body Program**  
**PO Box 245045**  
**Tucson, AZ 85724-5045**

It is a good idea to make copies for your records as well as copies for your family and physician.

Once your enrollment is accepted, you will receive a Body Donor Card indicating your arrangements to donate your body for medical education and training. Please sign your card and carry it with you, as it lists the phone number to call in the event of your death. **Please allow four weeks for processing and receipt of your donor card.**



- Please mail all four original pages to:  
WILLED BODY PROGRAM, P.O. Box 245045 Tucson, AZ 85724
- Make photocopies for your family, physician and for your records
- If you have additional questions, please call (520) 626-6083

### FORM 1 OF 4: PERSONAL INFORMATION

Date: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Full name of donor (print): \_\_\_\_\_  
First Middle Last

Mailing address: \_\_\_\_\_  
Street number Street Unit/Apt/Space

City, State, Zip: \_\_\_\_\_

If physical address is different from mailing address, list physical address:

\_\_\_\_\_

County of residence: \_\_\_\_\_

Within city limits (Select one): Yes No

Year AZ residency began: \_\_\_\_\_

Date of birth: \_\_\_\_\_  
Month Day Year

Place of birth: \_\_\_\_\_  
City County State

Donor's Social Security Number: \_\_\_\_\_

On a reservation (Select one): Yes No

If "Yes," please specify: \_\_\_\_\_

State donor resided in before AZ: \_\_\_\_\_

Select one: Male Female

Country of Citizenship: \_\_\_\_\_

U.S. Veteran (Select one): Yes No

Current marital status: Never married Married Widowed Separated Divorced

If married, spouse's full name (wife's maiden name): \_\_\_\_\_  
First Middle Last

Donor's father's full name: \_\_\_\_\_  
First Middle Last

Donor's mother's full name (maiden name): \_\_\_\_\_  
First Middle Last

Primary occupation prior to retirement: \_\_\_\_\_

Occupation's business or industry: \_\_\_\_\_

Highest level of education/degree: \_\_\_\_\_

Race (Select all that apply): White Black American Indian (Specify Tribe): \_\_\_\_\_  
 Mexican Spanish Puerto Rican Cuban Other Hispanic (Specify): \_\_\_\_\_  
 Asian Indian Japanese Chinese Filipino Korean Vietnamese Samoan  
 Native Hawaiian Other (Specify): \_\_\_\_\_



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### FORM 2 OF 4: MEDICAL QUESTIONNAIRE

Donor name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Surgical history:

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Major health problems:

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Any other information or advice you would like to give those you will be teaching:

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### FORM 3 OF 4: AUTHORIZATION FOR ANATOMICAL DONATION

I, \_\_\_\_\_, hereby offer the use of my body after death to the University of Arizona College of Medicine for health professional education and research. Once accepted, my body shall be used for health professional education and research as determined by the University. Such determination may include transporting my body to another educational institution for health professional education and research. I or my next of kin/representative cannot specify the use of which my body will be used. Once my body is received by the University, I understand that my donation cannot be revoked by my next of kin/representative as defined in A.R.S. § 36-849. My body may be tested for Hepatitis B, Hepatitis C and HIV upon arrival at the University. My body may be chemically preserved for a substantial period of time or may be used in an un-embalmed state as anatomical material. Such uses may include dissection, medical procedures, physical examinations, and may be used for more than one purpose. Parts of my body such as tissue, organs, limbs or skeletal material may be removed and separated from the whole. Upon conclusion of my participation, or if it is determined that for any reason my body cannot be used by the University, my body shall be cremated or undergo disposition by any legal means without notification to my surviving next of kin/representative. I understand that my cremated remains WILL NOT be returned to my next of kin/representative, but will be scattered by the University in accordance with Arizona State laws without the possibility of recovery and without notification. I also understand that certain anatomical and/or pathological structures that benefit health professional education and research may not be returned to the whole for disposition.

I understand that the University of Arizona reserves the right to refuse my donation for any reason at the time of my death. If this situation arises, my designated next of kin/representative will be required to make alternate arrangements. I also understand that I may revoke this document any time prior to my death pursuant to A.R.S. § 36-845.

The University of Arizona reserves the right to revise policies and procedures at any time without notification, acting in compliance with Arizona State laws.

By signing my name below, I certify that I have read the above information. My signature also certifies my understanding of and agreement to the information and policies listed on the Donor Information and Policy Guide.

\_\_\_\_\_  
Signature of donor Date

\_\_\_\_\_  
Printed name of donor

**WITNESSES (YOU MUST HAVE TWO WITNESS SIGNATURES)**

We, the undersigned, have witnessed the signing of this document by the donor as set forth in A.R.S. § 36-844.

\_\_\_\_\_  
Signature of witness Date

\_\_\_\_\_  
Printed name of witness

\_\_\_\_\_  
Signature of disinterested witness Date  
(Cannot be a family member)

\_\_\_\_\_  
Printed name of disinterested witness



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## FORM 4 OF 4: CONTACT INFORMATION

Donor name: \_\_\_\_\_

*Please note: This information is required in order to verify death certificate information at the time of death.*

### Next of kin/Representative Contact Information

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

Relationship to donor: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

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

### Alternate Contact Information

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

Relationship to donor: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

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