

## USF FORENSIC ANTHROPOLOGY BODY DONATION PROGRAM

Thank you for your donation!

The identification of unknown and missing persons is critical to the families of the missing and the community. In cases of homicide, murders cannot be solved unless the victim is first identified. Methods for locating burials, identifying unknown persons, and establishing the timeline from when a person went missing can be critical to solving cases and prosecuting offenders.

Forensic Anthropology is a field that studies the human skeleton to aid law enforcement, medical examiners, and death investigations. In doing so, an anthropologist can help determine the biological profile (age, sex, ancestry, and stature) of an unknown person, as well as help to figure out the time since death, injuries or trauma, and the manner of death, all of which play an integral part in homicide and missing person cases. Research on human skeletal remains helps validate the methods used in forensic anthropology and provides new tools for investigators.

The objectives of this program are to document and study postmortem change in human remains, conduct research in the areas of forensic medicine, anthropology and related sciences around this topic (i.e. geoforensics, toxicology, entomology, etc.), and to provide training in outdoor crime scene methods involving human victims.

If you have any questions or concerns that are not addressed in this packet, please feel free to contact the program coordinator:

Gennifer Goad, M.A.  
Body Donation Program Coordinator  
University of South Florida  
4202 E. Fowler Ave., SOC 107  
Tampa, FL 33620-8100 USA

t: 813.974.4219 | f: 813.974.2668  
Email: [gmgoad@mail.usf.edu](mailto:gmgoad@mail.usf.edu)

**OR VISIT OUR WEBSITE FOR MORE INFORMATION  
ABOUT THIS PROGRAM AND OUR WORK: [www.forensics.usf.edu](http://www.forensics.usf.edu)**



# BODY DONATION FACT SHEET

We appreciate your attention to the following, **prior to the completion of paperwork:**

1. Unlike medical schools, we **do not** return remains to the family. The skeletal remains are a very important component to our research and teaching program. Donations made to our program will continue to be studied by researchers for many years.
2. We **do not** perform autopsies to determine cause of death on donations to our program. However, registered organ donors and those autopsied prior to donation will remain eligible for donation consideration regardless of either procedure.
3. We **reserve the right to decline donations of individuals for any reason**, but especially anyone who may have some form of **infectious disease** such as HIV, tuberculosis, hepatitis (of any kind), or antibiotic resistant infections such as MRSA, even if contracted after donation is arranged. Additionally, we **cannot take donations of individuals weighing over 300 lbs.**
  - a. However, donors who are over the weight limit or have an infectious disease who still wish to donate may do so by having their remains cremated. Cremains are an invaluable learning resource. People choosing this option should contact us prior to making arrangements. This allows us to work with the crematory involved to **ensure the remains are not pulverized.** The family must assume responsibility for the arrangement and cost of cremation.
4. We will arrange transportation to our facility if the deceased is within **150 miles of USF.** Outside of this 150 mile radius, the donor or donor's family is responsible for the arrangement and cost of donor transportation.
5. We are unable to transport from a **private residence.** In the event the deceased is located in a private residence, the donor's family must arrange for transportation. This is a service provided by most funeral homes.
  - a. If you are *within 50 miles* of USF and the Medical Examiner's Office declines to transport to their facility, then the donor's family may contact **Dobies Funeral Home** for transportation. Their contact information can be found here: <http://www.dobiesfuneralhome.com> | (727) 937-7555.
6. If there is a funeral service, please contact us once arrangements have been made. This allows us to work with the funeral home involved to **ensure the remains are not embalmed.** We **will not accept** any individuals that have been embalmed.
7. If there is no funeral, death certificates may be obtained from your local health department.
8. We need to have signed donation documents or releases prior to transporting. Your donation paperwork will not be complete until all originals are returned.
9. Pre-donor paperwork needs to be returned to USF in order for a file to be established. Changes of address or medical status should be sent to keep donor files up to date.

# BODY DONATION CHECKLIST

Thank you for choosing to donate your body to the Forensic Anthropology Body Donation Program at USF. Please use this guide to help make sure all necessary paperwork is completed prior to donation. Enclosed you will find all the forms necessary for body donation. Please return all original, completed paperwork to:

Gennifer Goad - IFAAS  
Anthropology Dept.  
University of South Florida  
4202 E. Fowler Ave., SOC 107  
Tampa, FL 33620-8100 USA

1. Please complete and return the **Body Donation Document**.
  - a. This document requires **two additional signatures**. The top portion is to be completed by the donor, and the middle portion is to be completed by two adult witnesses. At least one witness should be someone other than a close family member.
  - b. If you are **interested in participating in trauma related research**, please initial the statement on the form. Research of this type will help increase our knowledge of the processes of trauma, which will allow us to better interpret trauma in medicolegal death investigations. The remains will only be used in this type of research when your initials are present and there is a need.
  - c. This document must be submitted as original with valid signatures. **It does not need to be notarized.** We suggest multiple copies of the Body Donation Document be made and maintained by the donor's next-of-kin, attorney, or physician. We also recommend that you seek the advice of a private attorney to assure that the document accomplishes your intent and is consistent with any existing testamentary documents.
2. Please complete and return the **Biological Questionnaire (4 pages)**. It is very important to have documentation of known medical conditions if at all possible. Please complete to the best of your ability. All information is considered confidential.
3. Please send a photograph of such as a portrait (via mail or email) to keep in our records. A frontal view of the face is preferred (similar to a passport or driver's license photo), but any photograph is acceptable. We request a photograph so research involving facial reconstruction and photographic superimposition as a means for identifying unknown individuals may be conducted on the skeletal remains.
  - a. If possible, also include photographs from your childhood. These will be used to help develop better age progression methods used by forensic artists to help locate missing and exploited children.
4. Acceptance into our program will be determined once forms are completed and mailed back to us. You will receive a letter of acceptance and a donor card with contact information to carry in your wallet. Acceptance is not guaranteed and extended at the sole discretion of USF.

# BODY DONATION DOCUMENT

I, \_\_\_\_\_, do hereby dispose of and give my body, after my death, to The University of South Florida, Tampa, for use by the Department of Anthropology or its designee, for educational and research purposes. I request, authorize, and instruct my surviving spouse, next-of-kin, executor or the physician who certifies my death to notify The Forensic Anthropology Laboratory at The University of South Florida (telephone: (813-974-4219)), immediately after my death of the availability of my body.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_.  
(day) (month) (year) (time)

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

\_\_\_\_\_  
Address

\_\_\_\_\_ I wish for my remains to be used for trauma research that will provide the foundation for (initial) training professionals in life saving techniques and in the construction of equipment that would enhance and/or prevent the need for these measures.

\*\*\*\*\*

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, signed this Body Donation Document in (day) (month) (year) our presence and we, as attesting witnesses, at the request of the Testator and in his/her presence and in the presence of each other have also signed this document.

## WITNESSES:

Name: \_\_\_\_\_ / \_\_\_\_\_  
(Print Name) (Signature)

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

Name: \_\_\_\_\_ / \_\_\_\_\_  
(Print Name) (Signature)

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

## Body Donation Questionnaire (1/4)

Please complete the following information by filling in the blank and/or circling an option. If you need more space, additional sheets may be attached. All of the information will be considered confidential.

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**Full Legal Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRST MIDDLE LAST MAIDEN

**Sex:** \_\_\_ Male \_\_\_ Female **Ancestry:** \_\_\_ White \_\_\_ Black \_\_\_ Hispanic Other \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
City/State

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ Is your home within city limits? \_\_\_ Yes \_\_\_ No

**Telephone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

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**Mother's Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRST MIDDLE LAST MAIDEN

**Father's Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRST MIDDLE LAST

**Marital Status:** \_\_\_ Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Unknown \_\_\_ Other

**Spouse:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRST MIDDLE LAST MAIDEN

**Your Spouse is:** \_\_\_ Living \_\_\_ Deceased \_\_\_ Unknown

**Number of Children:** \_\_\_\_\_ **Number of full term pregnancies (for women only):** \_\_\_\_\_

**Education:**

\_\_\_ 8<sup>th</sup> Grade or Less \_\_\_ 9-12<sup>th</sup> Grade, No Diploma \_\_\_ High School Graduate / GED

\_\_\_ Some College \_\_\_ Associate's Degree \_\_\_ Bachelor's Degree

\_\_\_ Master's Degree \_\_\_ Doctorate, Professional \_\_\_ Unknown

**Did you ever serve in the military?** \_\_\_ Yes \_\_\_ No \_\_\_ Unk. **If yes, Branch:** \_\_\_\_\_

**Serial # of discharge papers/adjusted service certificate:** \_\_\_\_\_

## Body Donation Questionnaire (2/4)

Usual (Life-long) Occupation: \_\_\_\_\_ Business/Industry: \_\_\_\_\_

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Driver's License Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Has your weight changed recently? \_\_\_ Yes \_\_\_ No  
Shoe Size: \_\_\_\_\_ If you are obese, how long have you been obese? \_\_\_\_\_  
Blood Type: \_\_\_\_\_ Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Handedness: \_\_\_ Right \_\_\_ Left

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Hair Color: \_\_\_\_\_ Eye Color: \_\_\_ Blue \_\_\_ Green \_\_\_ Gray \_\_\_ Brown \_\_\_ Hazel  
(Natural)

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Body Piercings: \_\_\_ Yes \_\_\_ No If yes, location: \_\_\_\_\_  
If yes, description: \_\_\_\_\_

Tattoos: \_\_\_ Yes \_\_\_ No If yes, location: \_\_\_\_\_  
If yes, description: \_\_\_\_\_

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**Childhood Socio-Economic Status:** Lower / Lower-Middle / Middle / Upper-Middle / Upper  
(circle one)

**Adult Socio-Economic Status:** Lower / Lower-Middle / Middle / Upper-Middle / Upper  
(circle one)

### Residence History:

**Childhood hometown** (0-15 years of age): City/State \_\_\_\_\_

Did you live in the same geographic location from birth until age 12 years? \_\_\_ Yes \_\_\_ No  
If no: What other geographic locations did you live and at what age? (Answer below)

City/State \_\_\_\_\_ Age Range: \_\_\_\_\_

City/State \_\_\_\_\_ Age Range: \_\_\_\_\_

City/State \_\_\_\_\_ Age Range: \_\_\_\_\_

### **Location as an adult: Where did you live for the last 10 years of your life?**

City/State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

City/State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

City/State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

City/State \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

# Body Donation Questionnaire (3/4)

**Dental History-** Check all that apply:

<input type="checkbox"/> Extensive Dental Work	<input type="checkbox"/> Have most/all teeth	<b>Teeth Missing:</b>
<input type="checkbox"/> Lower Dentures: When? _____	<input type="checkbox"/> Bridge	<input type="checkbox"/> Few
<input type="checkbox"/> Upper Dentures: When? _____	<input type="checkbox"/> Gum Disease	<input type="checkbox"/> Many
<input type="checkbox"/> Upper and Lower Dentures: When? _____	<input type="checkbox"/> Dental Disease	<input type="checkbox"/> All
<input type="checkbox"/> Partial Plate	<input type="checkbox"/> Braces	

**Dental Trauma:** \_\_\_\_\_

**Please describe the above dental information and/or anything else you feel may be important (tooth restorations, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

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**Medical History (please indicate the year or approximate age for each):**

Surgery (general):  Yes  No What kind? \_\_\_\_\_ Year: \_\_\_\_\_

Fractures:  Yes  No Bone location: \_\_\_\_\_ Year: \_\_\_\_\_

Auto Accidents (traumatic):  Yes  No Injuries: \_\_\_\_\_ Year: \_\_\_\_\_

Cancer:  Yes  No Type: \_\_\_\_\_ Year: \_\_\_\_\_

(If yes, treatment and length of illness): \_\_\_\_\_

Spinal Injuries:  Yes  No Description: \_\_\_\_\_ Year: \_\_\_\_\_

Open heart surgery:  Yes  No Year: \_\_\_\_\_

Amputations:  Yes  No Location: \_\_\_\_\_ Year: \_\_\_\_\_

Prosthetics (e.g. Hip or knee replacement):  Yes  No Location: \_\_\_\_\_ Year: \_\_\_\_\_

Plastic Surgery:  Yes  No Location/Description: \_\_\_\_\_ Year: \_\_\_\_\_

# Body Donation Questionnaire (4/4)

**Medical History Continued:**

Diabetes: \_\_\_ Yes \_\_\_ No Type? \_\_\_\_\_ Alcoholic: \_\_\_ Yes \_\_\_ No Years? \_\_\_\_\_

Smoker: \_\_\_ Yes \_\_\_ No Years? \_\_\_\_\_ Chronic drug use? \_\_\_ Yes \_\_\_ No

**Medical "Other" (incl. childhood disorders):** \_\_\_\_\_

**Please describe the above information and any other you feel may be important, including current medications, timing of injuries, the location of the trauma, etc:**

**Habitual Activities:** (i.e. jogging, repetitive motions, life-long occupation activities, etc.)

**If You Are the Donor, Please Provide Your Phone Number:** \_\_\_\_\_

**Next of Kin/Informant Information (if other than donor)**

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

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

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

*Please include photographs of yourself along with this questionnaire. If childhood pictures are available please include photos of different ages and indicate age on the back of the photo. Photos may also be emailed. Please also include any health records, x-rays, or other available information.*

\_\_\_\_\_



Thank you for taking the time to fill out this questionnaire. If we can be of further assistance, please feel free to contact us. Please return completed forms to:

Gennifer Goad - IFAAS  
Dept. of Anthropology  
University of South Florida  
4202 E. Fowler Ave., SOC 107  
Tampa, FL 33620-8100 USA

Email: [gmgoad@mail.usf.edu](mailto:gmgoad@mail.usf.edu)

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