



Body Donation Program

CB# 7520 UNC, Chapel Hill 27599

phone (919)966-1134

fax (919)966-6354

SUPPLEMENTARY INFORMATION ABOUT DONOR

Please include the following information, if possible, with the bequeathal certificate to be returned to the Medical Sciences Teaching Laboratories, School of Medicine, University of North Carolina. This information will be helpful in the completion of the death certificate and will facilitate prompt removal of the body.

NAME: _____ SEX: _____
(last) (first) (middle)

ADDRESS: _____
(street, city, state, and ZIP)

COUNTY _____ INSIDE CITY LIMITS? [] Yes [] No

PHONE NUMBER: (____) _____

Please Provide the Last Four Digits of Your Social Security Number (SSN): _____

[] Married [] Single Spouse: _____
[] Widowed [] Divorced (wife's maiden name or husband's name)

Date of Birth: _____ Place of Birth: _____
(county and state)

Usual Occupation: _____
(list kind of work done during life, even if retired)

Was donor in the U.S Armed Forces? Highest grade of education completed: _____
[] yes [] no [Elementary/Secondary (0-12) College (13-17+)]

Father's Name and Birthplace: _____

Mother's Maiden Name and Birthplace: _____

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PHYSICIAN: _____
name and address (street, city, state and ZIP)

ATTORNEY: _____ (____) _____
name telephone

address (street, city, state and ZIP)

Donor's will is recorded in the County of: _____ State of: _____

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This information has been provided by:

[] Donor [] Other: _____ (____) _____
name telephone

address (street, city, state and ZIP)