

LOGAN UNIVERSITY

Thank you very much for your interest in donating your body to Logan University. Logan sincerely appreciates the generous gift you are making toward the improvement and advancement of chiropractic and health education and research. Please review the information indicated below. We recommend that you talk to your family, medical providers (including physician), and/or attorney to assist you in understanding this gift. This may also assist family in carrying out your wishes upon your death.

Do be advised that not all donors will have their bodies accepted at their death. Logan reserves the right, at its sole discretion, to refuse a body that may not be suited to educational advancement and research. Such refusal may include, but is not limited to, the donor was embalmed, had organs removed or had a communicable disease (such as HIV-AIDS, Hepatitis B&C, MRSA, COVID-19, etc.). In other circumstances, we may also refuse a body that has had severe trauma (including suicide), recent invasive surgery, or extreme obesity. In the event we are unable to accept your body, we ask that you have an alternate plan prepared.

Memorials: Decisions regarding personal memorials at the time of death are left to each family. Do know that we sincerely appreciate this gift of your body. Logan University holds a memorial service each May, where we invite family and friends of donors to join Logan University in honoring loved ones, collectively.

Please note that this form must be witnessed by a notary. Please return the form to us and we recommend that you keep a copy for your personal and family records.

GIFT OF BODY

I, _____ the undersigned being of sound mind and eighteen (18) years of age or older, pursuant to the Revised Uniform Anatomical Gift Act, hereby make an unrestricted gift of my body immediately after my death to Logan University for scientific, educational, or such related uses as the authorized personnel of Logan University, in their sole discretion, deem proper. I hereby direct that, after my death, my unautopsied and unembalmed body be delivered to the Department of Anatomy of Logan University at 1851 Schoettler Road, Chesterfield, Missouri. Unless indicated otherwise below, this gift includes any of my body's cremains that exist after the University has completed its use of my body. I understand that the University in its sole discretion will deem when it has finished use of my body.

This is my free act and deed and not my last will and testament and is not intended to revoke, change, alter or cancel, or in any other manner whatsoever, affect any will made by me during my lifetime nor shall any will made by me be construed to revoke or alter this gift unless expressly so stated therein and in accordance with applicable law.

Upon Logan University's completion of its use of my body, I understand that Logan University will dispose of my cremains under its regular business practices. If I wish to allow an authorized member of my family to request the return of my cremains, I understand that such authorized family member must make a written request to the Coordinator of Body Donations within ninety (90) days of my death.

Authorized members of my family, for this purpose, are as follows:

[Please print the names and contact information for any authorized family member who may request your remains.]

You should have alternate plans for your body in the event Logan University cannot accept your body.

Date

Donor's Signature

Address:

Phone:

STATE OF MISSOURI]
]SS
COUNTY OF ST. LOUIS]

On this ____ day of _____, 20____, personally appeared before me _____, known to me to be the person described in, and who executed, the foregoing Gift of Body form to Logan University who being by me duly sworn, did state that the facts contained in the foregoing Gift are true and that they executed the foregoing Gift as their free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal, the day and year first written above.

My commission expires _____

Notary Public

(Notary Seal)

Social Security Number: _____

Date of Birth: _____

Place of Birth (City/State): _____

Citizenship (Country): _____

Marital Status (circle one): Single Married Widowed Divorced

Spouse's Name: _____

(include spouse's maiden name, if applicable)

Occupation (if retired, indicate occupation before retirement): _____

Father's Name (include first, middle, last): _____

Mother's Name (include first, middle, last): _____

Bodies (including cremated remains) that are not returned to family members are buried at Holy Cross in Ellisville, MO. At the site is one common grave marker with the inscription: "In memory and thanksgiving, the administration, students, faculty and staff at Logan University express appreciation to the families of those who have donated bodies. This precious gift has allowed students of chiropractic to study the science of the human body."

The location at Holy Cross is Interment Number 72974, Grave location 1, Section 2, and Lot L.

Brief Medical History

Name: _____

Age: _____ Date of Birth: _____ Social Security #: _____

Religion: _____ Citizen of USA: _____ Sex: _____

Usual Occupation: _____ Number of years in this occupation: _____

Widowed: _____ Married _____ Divorced _____ Never Married _____

Number of Children: _____ Name, Address, Phone # of Nearest of Kin: _____

Service in Armed Forces: _____ Give Date of Service: _____

Known Deformities or Abnormalities: _____

Childhood Diseases: _____

Illnesses or Accident. Please include type of illness or accident, approximate dates and duration. If hospitalized, list name and address of hospital and name and address of physician. Were you incapacitated as a result of illness or accident? If so, how long? _____

Additional Information or Remarks: _____

Signed: _____

Address: _____

Phone #: _____

Date: _____

Note: The above information will be strictly confidential