



Body Donation Program Overview

History and Purpose

The Ohio State University's Body Donation Program began in 1969 when the state of Ohio adopted the Uniform Anatomical Gift Act. This act created a legal, well-defined way for individuals to donate their bodies to medical education and research. Anatomical donations teach students, future physicians, and medical personnel about the structure and functions of the human body. In addition, our donors train professionals in the fields of pathology, engineering, anthropology, and taphonomy, contribute to the development of surgical innovations and life-saving tools, help improve vehicle safety, and help create protective equipment used in sports and law enforcement.

<http://go.osu.edu/bodydonation>

Mission Statement

The Ohio State University Body Donation Program (referred to as the Program) is committed to fulfilling the wishes of its donors by ensuring they contribute to advancements in education and research. Given the incredibly generous and selfless nature of these donations, every donor is treated with the utmost dignity and respect according to the highest ethical standards.

The Body Donation Program Advisory Committee (BDPAC) was formed to ensure this mission is carried out every day. Comprised of individuals from a range of disciplines (e.g., bioethics, research, legal and government affairs, chaplaincy), the BDPAC oversees the operations of the Program and provides guidance to the Program's Director. In addition, the committee may be consulted prior to the assignment of a donated body to a specific program.

Why Choose Donation?

Individuals choose body donation for a variety of reasons:

- Former physicians and nurses appreciative of the opportunity to study and learn about the intricacies of the human body from real-life examples, not just textbooks and 3D models
- Patients who have benefited from a new medical treatment or have unique medical issues worth exploring
- Individuals who want their bodies to be useful after death
- Family members who saw the impact of their loved one's donation and wish to do the same
- And for many, a sense of altruism, as described by this Ohio State medical student:
"It was strange knowing a person, a human being, without knowing anything about their lives, their families, their dreams. But actually, I know so much about them. I know they believed in something larger than themselves. They believed in humanity and morality and hoped to end human suffering. Even in their passing, they wanted to continue to help others...they had the foresight to ensure they would be able to, with the most selfless gift they could offer: their body."

Regardless of the reason a person chooses anatomical donation, each donor is appreciated and treated with compassion, care, and the highest level of regard for their incredibly generous gift.

How to Become a Buckeye Body Donor

The Ohio State University's Body Donation Program is honored to play a part in the education and training of medical and health science students and professionals. Please complete and return the enrollment paperwork that follows to be considered for this unique opportunity.

If you have questions, please contact the Program's administrative office at bodydonor@osumc.edu or (614) 292-4831.



How to Enroll in the Body Donation Program

To register for The Ohio State University Body Donation Program (referred to as the Program), a properly completed application must be returned to our office. If there are any omissions, the forms will be returned to the sender for completion. Donors are welcome to return the forms via mail, e-mail, or fax (see below). For those who send the forms via e-mail or fax, we encourage you to mail the original signed copies as well.

The following forms are required for a complete application:

- **Body Donation Registration:** the information requested on this page is used by the Program to complete the death certificate. This document must be filled out as fully as possible. All information provided will remain confidential to the extent allowed by law.
- **Authorization for Anatomical Donation:** this form provides information regarding the donation process and requires signatures acknowledging the process.
 - **The donor should sign these forms.** If a prospective donor is incapacitated or unable to sign, a legal health care power of attorney (POA) or legally-appointed guardian may complete the enrollment forms on the donor's behalf. **Please include a copy of the POA or guardianship paperwork along with the donor enrollment forms.** It is against Ohio state law for any other person to sign as the donor without POA or guardianship arrangements in place. If there is any indication otherwise, the donation enrollment process will be stopped. (Note: The healthcare POA or guardian can sign on behalf of the donor, and sign as the closest legal next of kin, as long as the signatures are differentiated (e.g., POA written after the first signature)).
 - **This form requires signatures from two witnesses.** Signatures are required from the closest next of kin in order of highest legal authority (e.g., spouse, child, parent, sibling; see page 3) as well as another individual. The only requirements for the second individual is that he/she is at least eighteen (18) years of age and not a student or employee associated with the Program. Ideally this form will be witnessed by an additional family member (e.g., another child or sibling).
- **Authorization for Cremation and Disposition:** this form gives the Program permission to perform the cremation once the donation process is complete. The form also indicates how you'd like us to handle your cremated remains following the cremation.
 - **The donor should sign these forms.** Please refer to the instructions for signing the Authorization for Anatomical Donation above.
 - **This form requires two witnesses.** These witness must be at least eighteen (18) years of age and not a student or employee associated with the Program. Ideally this form will be witnessed by two of your next of kin; individuals that sign the Authorization for Anatomical Donation can also sign the Authorization for Cremation and Disposition.

The completed forms (pages 5 to 11 and 13 to 15, labeled with **RETURN THIS PAGE** in the top right corner) can be submitted to the Program in one of three ways:

- **Mail:** Body Donation Program, 1645 Neil Avenue, Columbus, OH 43210
- **E-mail:** bodydonor@osumc.edu
- **Fax:** (614) 292-7659

Upon receipt, these forms will be processed and a letter of acknowledgement and donor card will be mailed to the address on the enrollment forms. The donor card, which should be carried in your wallet or purse at all times, provides information about your desire to donate and how to reach the Program at the time of death.

If you have questions, please contact the Program's administrative office at bodydonor@osumc.edu or (614) 292-4831.



Frequently Asked Questions

Who can arrange donation?

Any person of sound mind who is at least 18 years of age can arrange for his/her own donation. The Program primarily accepts applications that are initiated and completed by the donor or the donor's legally appointed agent (e.g., healthcare power of attorney or guardian) prior to the donor's death. The Program may also accept next-of-kin donations which are initiated by an individual other than the donor **after** death has occurred. The State of Ohio has strict requirements (under Chapter 2108 of the Ohio Revised Code) about who can authorize donation; we are required to work with the closest next of kin (or appointed legal agent) in the following order. If there is a conflict between the order listed below and the Ohio Revised Code, the Ohio Revised Code will replace and supersede this order.

1. Healthcare Power of Attorney or Guardian
2. The decedent's surviving spouse
3. The decedent's surviving adult children
4. The decedent's surviving parent or parents
5. The decedent's surviving adult siblings
6. The decedent's surviving adult grandchildren
7. The decedent's surviving grandparent or grandparents
8. A surviving adult who exhibited special care and concern for the decedent

Does pre-enrollment in the Program guarantee acceptance of my donation?

Unfortunately, there are a number of reasons an individual may not be accepted into the Program. Such reasons include:

- Contagious or infectious disease (including, but not limited to, COVID-19 and variants, HIV/AIDS, Hepatitis, Tuberculosis (TB), MRSA/VRE, C-Diff, Meningitis, bacterial pneumonia, and CJD/vCJD)
- Extreme emaciation or obesity (a donor must weigh at least 80 lbs. and no more than 215 lbs. and have a Body Mass Index (BMI) of at least 16 but not more than 33)
- Extreme ascites (accumulation of fluid in the abdomen) or edema (fluid trapped in the body's tissues)
- Severe, permanent contractures of the extremities (e.g., the arms or legs drawn close to the body, body in the fetal position)
- Severe trauma or open wounds (e.g., fractures, lacerations, gangrene)
- Recent surgeries that are still healing or death that has occurred during surgery
- A body that has been autopsied or embalmed
- Organs or tissue donated at the time of death (except the eyes)
- Death occurs outside the state of Ohio
- Current needs of education, training, and/or research programs for donors

The Program cannot determine a donor's eligibility until the time of death, as health conditions may change from time of enrollment to the person's passing. If an individual is **not** accepted into the Program, the next of kin (or appointed agent) will be responsible for making alternate arrangements with a funeral home at their expense.

Will the Program conduct any research relevant to my cause of death or a specific disease?

Generally, no. Any use for research would be determined by specific researcher requests pending at the time of the donor's death.

Will my family receive a report about my cause of death?

No. There are no autopsies performed and no pathological reports are prepared. Because many of the students are in their first year of training, they are not at a level of expertise to discern the cause of death. The students will, however, be provided a cause of death (as determined by the donor's doctor) and pertinent medical history to enable them to see the effects of a disease.



Frequently Asked Questions (Continued)

May I donate my organs?

Potential donors may register with both the organ donation and body donation programs. However, you may only participate in one program. If your organs are viable for transplantation, the local organ donation program will be contacted and will recover your organs for transplant. If not, then the Program will be contacted and will determine if you meet the donation requirements.

Can my family have a funeral service before donation?

Due to the nature of the donation program, it is not possible for families to hold a traditional funeral service with embalming or viewing after death. We encourage families to hold a memorial service to honor and pay tribute to their loved one, as these events provide comfort and support while aiding in the grieving process.

Does the Program hold a memorial service for its donors?

Every year the Program holds a memorial service to recognize and honor the incredible generosity of our donors. Organized by students who have benefited from these donations, the service celebrates the lives and lasting legacies of the individuals who gave so much to benefit so many. The ceremony is usually held in late summer and is open to the family members and friends of our donors.

Does the Program accept out-of-state donations?

The Program does not accept out-of-state donations. In the event that death occurs while traveling outside the state of Ohio, our office can provide the family with a list of medical colleges within the state where death occurred. Should the nearest medical school refuse to accept the body for any reason, disposition of the body would become the responsibility of the donor's next of kin or estate. Alternatively, if you spend extended time in another state (vacationing, visiting relatives, etc.), we suggest that you register as a donor in that state as well.

Will I be paid for this donation?

No. By law, medical schools are not allowed to give money or purchase a body for donation.

Are there costs associated with body donation?

For all donors accepted into the Program, the Program will cover the following expenses: transporting the donor's remains from the place of death to the Program (within the state of Ohio), the death certificate preparation and filing fee, the donor's cremation, and the return (or interment) of the cremated remains. Any other desired services (e.g., purchasing certified copies of the death certificate or submitting an obituary to a newspaper) are at the expense of the donor's next of kin or estate. We encourage every donor to make alternative arrangements with a funeral home in case their donation is not accepted.

How long are donors in the Program? And what happens to the cremated remains afterward?

Donors can be part of the Program for up to two years. Once the education, training, and/or research has been completed, the donors are cremated at the Program's expense. Each donor is cremated individually in accordance with Ohio law. Cremated remains are returned to the individual(s) specified on the Authorization for Cremation and Disposition registration paperwork. For those families choosing not to have the cremated remains returned, the remains will be interred, at the Program's expense, in a crypt at the mausoleum at the Silent Home Cemetery, 1576 Lancaster Avenue, Reynoldsburg, OH 43068. Families are welcome to visit any time the cemetery is open.

Will I ever be too old for the Program?

While there is no upper age limit, we do not accept persons under the age of 18 years.

May I withdraw from the Program?

You may withdraw your registration at any time by sending a signed and dated letter or e-mail to the Program. You will be notified in writing that we have removed your name from the Program's database.



Body Donation Registration Form

The information on this form is required for registration purposes and will ultimately be used for the donor's death certificate. Please carefully complete the entire form. **NOTE: If an item is unknown or unobtainable, please enter that in the space or simply enter "N/A". Do not leave any fields blank.** If you have questions about this form, or need to provide updated information to the program, please email bodydonor@osumc.edu.

There are authorization and signature fields as part of this form. To complete those required fields, **please print this PDF** and have the appropriate representatives initial or sign and date where indicated.

Demographic Information

Donor's Full Name

Title	First, Middle, Last Name and Suffix (<i>e.g. Jr., Sr., II, III</i>) as they appear on Social Security Card

Sex	Social Security Number	Number of Living Children (<i>Biological or Legally Adopted</i>)
☐ Male ☐ Female		

Date of Birth	Place of Birth (<i>City, State or Foreign Country</i>)

Current Address (<i>Street, City, State, Zip Code and County; if P.O. Box, include the physical address</i>)

Contact Phone Number (<i>Including Area Code</i>)	E-mail

Additional Information for Death Certificate

Veteran of U.S. Armed Forces?	Primary Military Branch (<i>Choose One</i>)
☐ Yes ☐ No	☐ Army ☐ Navy ☐ Marines ☐ Air Force ☐ Coast Guard

Date of Entry (<i>If Known</i>)	Date of Discharge (<i>If Known</i>)

Type of Discharge/Separation (<i>Choose One</i>)
☐ Honorable ☐ General Under Honorable Conditions ☐ Other Than Honorable ☐ Dishonorable

Current Marital Status (<i>Select One</i>)
☐ Never Married ☐ Married ☐ Widowed ☐ Divorced ☐ Legally Separated



Body Donation Registration Form (Continued)

Spouse's Full Legal Name; First, Middle, Last Name and Suffix (*e.g., Jr., Sr., II, III*) (*If Applicable*)

Spouse's Maiden Name (*Last Name Prior to Marriage*)

Highest Level of Education (*Choose One*)

- ☐ 8th Grade or Less ☐ 9th Through 12th Grade, No Diploma ☐ High School Diploma or GED
☐ Some College But No Degree ☐ Associates Degree (*e.g., AA, AS*) ☐ Bachelors Degree (*e.g., BA, BS*)
☐ Masters Degree (*e.g., MA, MS*) ☐ Doctorate or Professional Degree

Hispanic Origin

- ☐ Yes ☐ No

Race (*e.g., White/Caucasian, Black/African American, Asian Indian*)

Occupation/Industry Prior to Retirement

Father's Full Legal Name - Even if Deceased; First, Middle, Last Name and Suffix (*e.g., Jr., Sr., II, III*)

Mother's Full Legal Name - Even if Deceased; First, Middle and Last Name

Mother's Maiden Name (*Last Name Prior to First Marriage*)

Next of Kin Information

(*In order of legal descent: spouse, children, parents, siblings. If multiple, please list the individual who has healthcare POA or is the point person who will likely handle your affairs.*)

Title

First, Middle, Last Name and Suffix (*e.g., Jr., Sr., II, III*)

Relationship

Current Address (*Street, City, State, Zip Code; if P.O. Box, include the physical address*)

Contact Phone Number (*Including Area Code*)

E-mail



Body Donation Registration Form (Continued)

Please initial one of the following:

	The Authorization for Anatomical Donation and Authorization for Cremation and Disposition are being signed by the donor (hereby referred to as the Authorizing Agent) for the purpose of authorizing his or her own donation, cremation, and disposition.
	The Authorization for Anatomical Donation and Authorization for Cremation and Disposition are being signed by the donor's legally appointed agent (e.g., healthcare power of attorney or guardian) to authorize the donation, cremation, and disposition of the Authorizing Agent. The Authorizing Agent has expressed interest in, and a desire to, donate his or her body to science.

If a legally appointed agent is signing on behalf of the donor, please provide the agent's name and contact information below:

First, Middle, Last Name and Suffix (*e.g., Jr., Sr., II, III*)

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Current Address (*Street, City, State and Zip Code; if P.O. Box, include the physical address*)

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Contact Phone Number (*Including Area Code*)

E-mail

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Authority of the legally appointed agent – please initial ONE of the following:

	The agent is authorized by a valid healthcare power of attorney to sign on behalf of the Authorizing Agent. A copy of the legal document accompanies these authorizations.
	The agent is the legal guardian or legal custodian of the Authorizing Agent and is authorized to sign on behalf of the Authorizing Agent. A copy of the legal document accompanies these authorizations.



Authorization for Anatomical Donation

Donor's Information:

First, Middle, Last Name and Suffix (*e.g., Jr., Sr., II, III*) as it appears on Social Security card

Social Security Number

Date of Birth

Current Address (*Street, City, State, Zip Code and County; if P.O. Box, include the physical address*)

I have read and understand the Instructions and Frequently Asked Questions put forth by The Ohio State University Body Donation Program (henceforth referred to as the Program) included with these enrollment forms.

I am aware and understand that:

1. I am responsible for sharing my decision to donate my body to the Program, and the Program's policies regarding donation, with my next of kin and/or appointed representative(s)*.
2. The decision to accept my body will not be determined by the Program until the event of my death.
3. The following restrictions may prevent the acceptance of my body into the Program:
 - a. Contagious or infectious disease (including, but not limited to, COVID-19 and variants, HIV/AIDS, Hepatitis, Tuberculosis (TB), MRSA/VRE, C-Diff, Meningitis, bacterial pneumonia, and CJD/vCJD)
 - b. Extreme emaciation or obesity (a donor must weigh at least 80 lbs. and no more than 215 lbs. and have a Body Mass Index (BMI) of at least 16 but not more than 33)
 - c. Extreme ascites (accumulation of fluid in the abdomen) or edema (fluid trapped in the body's tissues)
 - d. Severe, permanent contractures of the extremities (*e.g.*, the arms or legs drawn close to the body, body in the fetal position)
 - e. Severe trauma or open wounds (*e.g.*, fractures, lacerations, gangrene)
 - f. Recent surgeries that are still healing or death that has occurred during surgery
 - g. A body that has been autopsied or embalmed
 - h. Organs or tissue donated at the time of death (except the eyes)
 - i. Death occurs outside the state of Ohio
 - j. Current need of education, training, and/or research programs for donors
4. I understand that if my body is not accepted into the Program, my next of kin or appointed representative(s)* will be required to make alternate arrangements with a funeral home for final disposition at their expense or at the expense of my estate.
5. The Program will ensure the anonymity, confidentiality, and dignity in its use of my donated body.
6. My donated body may be tested for Hepatitis B, Hepatitis C, HIV, COVID, and/or any other communicable disease upon acceptance to, and receipt by, the Program. The results of these tests will not be disclosed to my next of kin but may be reported to the local health department as required by law.
7. My donated body may be preserved by the Program or may be used in an un-embalmed state.
8. The exact use of my anatomical gift will be at the discretion of the Program.
9. My donated body may be used for education, general research, and/or to further innovative technologies at the discretion of the Program. In some cases such investigation may involve exposures to damaging forces (*e.g.*, impacts, crashes, ballistic injuries, blasts). Examples of how my gift may be used include educational and training programs (*e.g.*, pathology, engineering, anthropology, taphonomy including canine training and forensics), vehicle safety, and/or the development of protective equipment (*e.g.*, sports, military, law enforcement).
10. My body may be used by the Program, other health centers, and/or other educational or research institutions approved by the Program within or outside of the state of Ohio. The other centers and institutions using these donations are held to the same standards of care, respect, and integrity as followed by the Program. At the conclusion of their programs, the donor will be returned to the Program for cremation.

*Reference: Ohio Revised Code 2108.70 and 2108.72



Authorization for Anatomical Donation (Continued)

11. My donated remains may be dissected, examined, studied, and/or preserved for an extended period of time and may be used for more than one purpose.
12. Parts of my body, such as organs or limbs, may be removed and separated from my whole body, to be returned to my body prior to cremation. Bodily fluids and tissues may be analyzed and destroyed.
13. The Body Donation Program Advisory Committee (BDPAC), comprised of individuals from a range of disciplines (e.g., bioethics, research, legal and government affairs, chaplaincy) may be consulted prior to the assignment of my donated body to a specific program.
14. Anonymous images and videos of donated anatomical material may be used for education, research, and/or training purposes.
15. The Program will not release a report to my next of kin and/or appointed representative(s)* pertaining to any educational and/or research findings.
16. My donated body will not be available for any public or private memorial or funeral service at the time of my death. Furthermore, the Program facility is a restricted area and is not a venue for any type of viewing, public or private.
17. For all donors accepted into the Program, the Program will cover the following expenses: transporting the donor's remains from the place of death to the Program (within the state of Ohio), the death certificate preparation and filing fee, the donor's cremation, and the return (or interment) of the cremated remains. Any other desired services (e.g., purchasing certified copies of the death certificate or submitting an obituary to a newspaper) are at the expense of the donor's next of kin or estate.
18. I give authorization to release my medical records to The Ohio State University, Division of Anatomy, Body Donation Program, for the purpose of the donation; these records will be kept confidential. Further, no identifying information will be associated with the records or the donor him/herself.
19. It is my responsibility to contact the Program with any information to be updated (change of address, next of kin designation, marital status, etc.) for my donation to remain current.
20. Upon my death and acceptance into the Program, the Program may confirm my donation when requested by media entities for the purposes of an obituary.
21. My name will be disclosed at the annual Anatomy Memorial Service unless I notify the Program of my wishes to withhold this information.
22. The acceptance of these forms does not constitute a contract with the Program.
23. I may withdraw from the Program at any time by sending a signed and dated letter or e-mail to the Program. A letter of confirmation from the Program will be returned in response.

If there are questions or concerns about any of the aforementioned conditions, please contact the Program's administrative office at bodydonor@osumc.edu or (614) 292-4831.

Disposition of Cremated Remains

Upon completion of our studies, after no more than two years, the remains are individually cremated. Please indicate your wish for final disposition of the cremated remains from the two options listed below. We strongly encourage you to discuss this wish with your next of kin and/or your appointed representative(s)* because they will ultimately make the final decision. Please also know that the final decision should be considered a permanent one.

Please initial ONE of the following options; all next of kin to initial.

	My cremated remains are to be retained by the Body Donation Program and entombed in the University's communal memorial crypt at the Silent Home Cemetery (1576 Lancaster Avenue, Reynoldsburg, OH 43068)
	Return the cremated remains to the individual(s) recorded in the Authorization for Cremation and Disposition Form

**Reference: Ohio Revised Code 2108.70 and 2108.72*



Authorization for Anatomical Donation: Signature Required

Donor's Information:

First, Middle, Last Name and Suffix (*e.g., Jr., Sr., II, III*) as it appears on Social Security card

Date of Birth

I, the Donor, being eighteen (18) years of age or older and of sound mind, with the intention of helping others, do hereby willfully and voluntarily make an anatomical gift of my body to take effect upon my death in the presence of the following witnesses. I have read, understand, and agree to the conditions for donation of my body to The Ohio State University Body Donation Program (the Program) as stated in the Instructions and Frequently Asked Questions of this paperwork. I further understand and agree that acceptance of my body into the Program will be determined at the time of my death and that the Program reserves the right to refuse any donation. By signing below I am also giving authorization to release my medical records to the Division of Anatomy. I reserve the right to void this donation at any time through written notification to the Program.

I direct that immediately following my death, the person or institution in charge of my body notify the Program at the University by telephone (614-292-4831) in order to carry out this gift. I will read and sign the Authorization for Cremation and Disposition form. On the Authorization for Cremation and Disposition form, I will express my wishes as to how my cremated remains will be handled.

My signature below indicates that the information on this form is accurate and true to the best of my knowledge.

Printed Name

Signature

Date

The Donor signed this Authorization for Anatomical Donation, and we, in his/her presence and at his/her request, have provided our names as witnesses to his/her signature. We state that the Donor is at least eighteen (18) years of age and appears to be of sound mind and not under or subject to undue influence. We further state that we are at least eighteen (18) years of age and not a student or employee of The Ohio State University, Division of Anatomy, Body Donation Program.

Healthcare POA or Closest Legal Next of Kin (As Identified on the Registration Form) –
Relationship to Donor:

Printed Name

Signature

Date

Witness – Relationship to Donor:

Printed Name

Signature

Date



Authorization for Cremation and Disposition: Overview

The State of Ohio requires that this authorization form be completed and signed prior to the cremation. Your body, which you are donating to The Ohio State University Body Donation Program (the Program) will be cremated after the Program has completed its educational, training, and/or research use. Cremation is an irreversible and final process. It is important that you understand the cremation process as described in the authorization form prior to signing it. Please contact us at (614) 292-4831 with any questions about the cremation process or any other information in this form.

The Cremation Process

Cremation is performed to prepare the remains for final disposition. It will be carried out by placing the remains in an alternative container, which is then placed into a cremation chamber or retort where they are subjected to intense heat and flame. During the cremation process, it may be necessary to open the cremation chamber and reposition the remains of the Decedent in order to facilitate a complete and thorough cremation. Through the use of suitable fuel, the incineration of the container and its contents is accomplished and all substances are consumed or driven off, except bone fragments (calcium compounds) and metal (including dental gold and silver and other non-human materials) as the temperature is not sufficient to consume them.

Due to the nature of the cremation process, any personal possessions or valuable materials, such as dental gold or jewelry (as well as any body prostheses or dental bridgework) that are left with the remains and not removed from the alternative container prior to cremation may be destroyed or if not destroyed, will be disposed of by the Crematory. The Authorizing Agent understands that arrangements must be made with the Program to remove any such possessions or valuables prior to the time that the remains of the Authorizing Agent are transported to the Crematory.

Following a cooling period, the cremated remains, which will normally weigh several pounds in the case of an average-size adult, are then swept or raked from the cremation chamber. Although the Crematory will take reasonable efforts to remove all of the cremated remains from the cremation chamber, it is impossible to remove all of them, as some dust and other residue from the process will be left behind. In addition, while every effort will be made to avoid commingling, inadvertent and incidental commingling of minute particles of cremated remains from the residues of previous cremations is a possibility, and the Authorizing Agent understands and accepts this fact.

After the cremated remains are removed from the cremation chamber, all non-combustible material (insofar as possible) such as dental bridgework will be separated and removed from the human bone fragments by visible or magnetic selection. The Crematory is authorized to dispose of these materials with similar materials from other cremations in a non-recoverable manner, so that only human bone fragments will remain. When the cremated remains are removed from the cremation chamber, the skeletal remains often will contain recognizable bone fragments. Unless otherwise specified, after the bone fragments have been separated from the other material, they will be mechanically pulverized. The process of crushing or grinding may cause incidental commingling of the remains with the residue from the processing of previously cremated remains. These granulated particles of unidentifiable dimensions, which are virtually unrecognizable as human remains, will then be placed into a designated container.



Authorization for Cremation and Disposition

NOTICE: Upon the death of the person who is the subject of this antemortem cremation authorization, the person holding the right of disposition under section 2108.70 or 2108.81 of the Ohio Revised Code may cancel the cremation arrangements, modify the arrangements for the final disposition of the cremated remains, or make alternative arrangements for the final disposition of the decedent's body. However, the person executing this antemortem cremation authorization is encouraged to state his or her preferences as to the manner of final disposition in a declaration of the right of disposition pursuant to section 2108.72 of the Ohio Revised Code, including that the arrangements set forth in this form shall be followed.

Authorizing Agent (Donor):

First, Middle, Last Name and Suffix (*e.g., Jr., Sr., II, III*) as it appears on Social Security card

Social Security Number

Date of Birth

Current Address (*Street, City, State, Zip Code and County; if P.O. Box, include the physical address*)

Please read the following statements carefully:

1. At this time, do you have a pacemaker, defibrillator, prosthesis, implant, and/or other mechanical or radioactive device?

☐

Yes

☐

No

If yes, please describe:

2. I authorize The Ohio State University Body Donation Program or its agents to deliver the remains to the crematory for the purpose of the cremation.
3. I understand the crematory will cremate the container in which the remains are delivered to the crematory.
4. The crematory will perform the cremation of the donor at a time and date as its work schedule permits and without notification to the agent.
5. I understand that the remains will be cremated separate from any other donor.
6. I understand that no one other than crematory personnel may be present in the holding room or cremation room prior to or during cremation, or during the removal of the cremains from the chamber.
7. I understand that after cremation, the cremains will be processed according to the practice of the crematory. Such processing includes removal of foreign matter (especially metal from clothing, from dental work, or from containers) which remains after cremation. Some small pieces, however, may escape human detection and be included in the cremated remains.
8. I understand that although the crematory will take reasonable efforts to remove all of the cremains from the cremation chamber, it is impossible to remove all of them.
9. In the event the urn or temporary container is insufficient to accommodate all of the cremated remains, the excess will be placed by the crematory in a secondary container. This secondary container will be kept with the urn or the temporary container and handled according to the final disposition instruction set forth in this document.
10. I understand the description of the cremation process as referenced in these forms and authorize the cremation, processing, and pulverization of the cremated remains of the Decedent.
11. The Authorizing Agent acknowledges that The Ohio State University, Division of Anatomy and the crematory facility are relying upon the information and statements being provided by the person(s) in this authorization. I certify that all of the information and statements contained in this authorization form are accurate and no omissions of any material fact have been made.

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Authorization for Cremation and Disposition (Continued)

12. I agree to indemnify and hold harmless The Ohio State University, Division of Anatomy and the crematory facility, their officers, directors, employees and agents from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever, including, but not limited to, any legal fees arising out of or resulting from The Ohio State University Division of Anatomy's and the crematory facility's reliance on or performance consistent with the directions, statements, representations, and agreements contained in this authorization, to the full extent of any, and all applicable, statutory immunity provided in the Ohio Revised Code 4717.30.
13. The Body Donation Program at The Ohio State University is authorized to receive my cremated remains from the crematory. The cremated remains will be in a temporary container. The individuals selected to receive the cremated remains will receive notification by mail when the cremated remains are available. Alternatively, if I select, my cremated remains will be entombed at the Silent Home Cemetery.
14. The Authorizing Agent understands that in the event the arrangements for the final disposition have not been carried out within the sixty (60) day period following notification because of the inaction of a party other than the crematory or the Body Donation Program, then the crematory or Body Donation Program will entomb the cremated remains, at the Program's expense, in the mausoleum at the Silent Home Cemetery, 1576 Lancaster Avenue, Reynoldsburg, Ohio 43068.
15. Please initial ONE of the following options; all next of kin to initial.

	The cremated remains are to be retained by the Body Donation Program and entombed in the University's communal memorial crypt at the Silent Home Cemetery (1576 Lancaster Avenue, Reynoldsburg, OH 43068). Fees associated with the entombment will be paid for by the Program. Families are welcome to visit any time the cemetery is open.
	Return the cremated remains to the Representative(s) recorded below. I understand that by agreeing to the terms of the Body Donation Program that some of the cremated remains may not be returned. The Body Donation Program reserves the right to retain tissues and/or organs of interest for future educational and/or research purposes. If the cremated remains are shipped at any time, the Authorizing Agent directs that the Crematory or Body Donation Program utilize the U.S. Postal Service's Priority Mail Express Service with a return receipt or a shipping service that uses an internal system for tracking the location of the cremated remains during shipment and requires a signed receipt of the person taking delivery of the cremated remains.

Representative 1 Responsible for the Disposition of Cremated Remains:

Title	First, Middle and Last Name	Relationship
Current Address (Street, City, State, Zip Code; if P.O. Box, include the physical address)		
Contact Phone Number (Including Area Code)	E-mail	

Representative 2 Responsible for the Disposition of Cremated Remains:

(In case representative 1 is already deceased, refuses to act, cannot be located, or otherwise is disqualified as defined in section 2108.75 of the Ohio Revised Code.)

Title	First, Middle and Last Name	Relationship
Current Address (Street, City, State, Zip Code; if P.O. Box, include the physical address)		
Contact Phone Number (Including Area Code)	E-mail	



Authorization for Cremation Disposition: Signatures Required

Donor's Information:

First, Middle, Last Name and Suffix (*e.g., Jr., Sr., II, III*) as it appears on Social Security card

Date of Birth

I, the Donor, being eighteen (18) years of age or older and of sound mind, do willfully and voluntarily sign this Authorization for Cremation and Disposition in the presence of the following witnesses. I have read, understand, and agree to the conditions concerning the cremation and return of the cremated remains. I understand that all decisions made by my Representative, if I so appointed one, with respect to the right of disposition of my remains is binding. If the First Representative should become disqualified due to their prior death, resignation or refusal to act, inability to be located or as otherwise described in section 2108.75 of the Ohio Revised Code, then the Second Representative will serve in this capacity. This authorization becomes effective upon my death and revokes any prior decisions I have made regarding cremation and disposition. No person who acts according to the Authorization for Cremation and Disposition will be liable for damages of any kind associated with the person's carrying out this Authorization.

My signature below indicates that the information on this form is accurate and true to the best of my knowledge.

Printed Name

Signature

Date

The Donor signed this Authorization for Cremation and Disposition, and we, in his/her presence and at his/her request, have provided our names as witnesses to his/her signature. We state that the Donor is at least eighteen (18) years of age and appears to be of sound mind and not under or subject to undue influence. We further state that we are at least eighteen (18) years of age and not a student or employee of The Ohio State University, Division of Anatomy, Body Donation Program.

Witness #1 – Relationship to Donor:

Printed Name

Signature

Date

Witness #2 – Relationship to Donor:

Printed Name

Signature

Date