

## Declaration of Consent | Whole Body Release Form

Center for Experiential and Applied Learning (CEAL)  
 1 Medical Center Blvd, Winston-Salem, North Carolina 27157-1040  
 336-716-4369 | 336-716-2447 (fax) | [bodydonation@wakehealth.edu](mailto:bodydonation@wakehealth.edu)  
 Office Hours M-F (8:00 am - 5:00 pm); Delivery Hours M-F (8:00 am - 3:00 pm)



### SIGNATURE ON THIS FORM MUST NOT BE DATED PRIOR TO THE DEATH OF THE DONOR.

This form is *only acceptable* when signed by the legal next of kin **AFTER** death has occurred.

*Signature below grants permission to release the decedent to Wake Forest School of Medicine and authorizes delivery of the cremated remains to the address provided below.*

For program use only:
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The following steps **are required** to process an anatomical donation:

- Signature on this release form must be processed by the **legal next of kin**. This is a specific designation outlined by statute in the State of North Carolina. Where there are multiple siblings or children, additional signatures may be required unless the signatory is designated by the health care power of attorney (HCPOA) to authorize the donation.
- With contact to notify our program of the death, staff will assess the condition of every potential donation by phone with authorized healthcare personnel. For contact during operating hours (8:00am – 5:00pm, M-F), please call **336-716-4369**. Outside those hours, contact **336-716-2011** and request that the operator page on-call staff for whole body donation.
- Upon qualified assessment by healthcare personnel, the next of kin is responsible for arranging transport to our facility. This includes financial responsibility for transport. The transport service should contact our program during operating hours to arrange a staffed delivery (336-716-4369). With contact for donation that falls outside operating hours, the body must be maintained in appropriate storage until scheduled delivery.
- The following information is requested prior to confirming or receiving a scheduled delivery:

#### Information to Identify Donor:

(First Name)		(Middle Name)		(Last Name)	
(Date of Birth)	(Date of Death)	(Sex)	(Social Security Number)	(Marital status at time of death)	(Number of surviving children)
(Location where death occurred)				(Name of healthcare facility or hospice managing care)	
Check this box if death occurred in a private residence <input type="checkbox"/>					

- Cremation will not incur cost to the family. WFSM will process cremation and return the cremated remains as directed below:  
**\* IF YOU DO NOT WISH TO RECEIVE RETURN OF THE CREMATED REMAINS, PLEASE CHECK THIS BOX:**

#### Requested Address for Delivery of Cremated Remains:

(Name of Recipient or Funeral Home Receiving Cremated Remains)	(Phone Number for Recipient)
(Mailing Address – please include street name and number, city, state and zip code)	

*In the event of a delivery failure, WFSM will attempt contact with the legal next of kin. After a period of 12 months, cremated remains will process for dispersal according to state regulations.*

- The following section must be completed by a party recognized by the State of North Carolina to hold authority. **Witness** signature must be provided by a person unrelated by blood or marriage. When signature is through a funeral service, signatory must hold authority to consent for cremation. Please contact program staff with questions, 336-716-4369.

#### Authorized Signature and Witness:

(PRINTED NAME OF SIGNATORY)	(Signature)	(Date)
Relationship to Donor Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Other/DSS <input type="checkbox"/>	If signatory is one of multiple siblings and is either a child or sibling to the donor, please include the names below of all living children or siblings:	
(Contact information for signatory – please include street name and number, city, state and zip code)		(Phone number for signatory)
(PRINTED NAME OF WITNESS)	(Signature of Witness)	(Date)
(Contact information for witness or for the healthcare facility/funeral service that employs the witness in this context)		(Phone contact for witness or employer)

- This form may be returned by email ([bodydonation@wakehealth.edu](mailto:bodydonation@wakehealth.edu)) or fax (336-716-2447). **Delivery will not be received or scheduled with transport service until receipt of this document is confirmed by program staff.**
- You are encouraged to retain a copy of this form as receipt of the disposition of remains for this donor.

*Please accept our condolence and sincere appreciation for your family's generosity. Donors to the Whole Body Donation Program at Wake Forest School of Medicine enable the better preparation of healthcare providers to deliver effective and life-saving care. We appreciate your efforts to facilitate those outcomes. Your contact is welcome with any future questions, by phone at 336-716-4369 or by email at [bodydonation@wakehealth.edu](mailto:bodydonation@wakehealth.edu).*

