

Declaration of Consent | Whole Body Release Form

Center for Experiential and Applied Learning (CEAL)
1 Medical Center Blvd, Winston-Salem, North Carolina 27157-1039
336-716-4369 | 336-716-2447 (fax) | bodydonation@wakehealth.edu
Office Hours M-F (8am-5pm); Delivery Hours M-F (8am-3pm)



For program use only:

This form is *only acceptable* when signed by the legal next of kin AFTER death has occurred. It grants permission to release the decedent to the Wake Forest School of Medicine. It also provides direction for the disposition of the remains following cremation.

The following steps must be completed for Wake Forest School of Medicine (WFSM) to accept an anatomical donation:

1. This release must be signed by the legal next of kin and witnessed by someone who is not related by blood or marriage.
2. Prior to delivery, program staff will assess the condition of a potential donation with healthcare personnel regardless of prior application. For contact during office hours, you can reach program staff: 336-716-4369. If death occurs after hours, please contact the hospital operator: 1 (888) 716-WAKE (9253) and they will redirect you to our on-call staff.
3. The next of kin is responsible for arranging transport to our facility and any transport expenses associated. Please have the transport service provider contact our program office to arrange delivery during delivery hours: 336-716-4369.
4. The following information is required prior to scheduled delivery.

Donor Legal Information:

(First Name)	(Middle Name)	(Last Name)
(Date of Birth)	(Sex)	(Date of Death)
(Place of Death – Facility where death occurred or Street Address/City/State/Zip Code)		

5. This body will be cremated at the expense of WFSM. To request return of the cremated remains, please complete the information below. If you do not provide a delivery address, the cremated remains will be dispersed according to state regulations.

Requested Address for Delivery of Cremated Remains:

(Name of Recipient or Funeral Home Receiving Cremated Remains)	(Phone Number for Recipient)
(Mailing Address)	

6. The following section must be completed by the legal next of kin and signed by a witness who is not related by blood or marriage. Please note that this form must be signed and dated on or after the date on which the death has occurred.

Authorized Signature and Witness:

(Name -please print)	(Signature)	(Date)
(Relationship to Donor)	(Phone Number)	(Email Address – optional)
(Mailing Address of Legal Next of Kin)		
(Name of Witness – please print)	(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)

7. Please return a copy of this form to our program office by e-mail (bodydonation@wakehealth.edu) or fax (336-716-2447). This form must be received in our facility before our program office will schedule delivery.
8. Please retain a copy of this form as your record of the disposition of remains for this donor.

Thank you for your support of healthcare education through whole body donation. Donors to WFSM provide an experience for students and healthcare practitioners that cannot be achieved through technology or by any other means, which translates into better care and better outcomes. Please accept our condolence at this time and sincere appreciation for your generous gift. Your contact is welcome at any time if you have questions about our program or the status of this donation (336-716-4369).

