



SOUTHEAST TEXAS APPLIED FORENSIC
SCIENCE FACILITY
SAM HOUSTON STATE UNIVERSITY



Body Donation Questionnaire

Please complete the following information by filling in the blank and/or circling an option. If you need more space, additional sheets may be attached. Please print all information. All of the information is confidential.

Full Legal Name _____ / _____ / _____ Sex: ___ male ___ female
Last First Middle (full name)
Social Security # _____ - _____ - _____ Ancestry: White / Black / Hispanic / Other _____
Date of Birth _____ / _____ / _____ Place of Birth (city/state/county) _____
Current Address _____
City _____ State _____ Zip Code _____ Inside Huntsville City limits Y / N
Mother's Name (include maiden) _____
Father's Name _____

Height _____ Weight _____ (Are you estimating height and weight? Yes _____ No _____)
Handedness: Right ___ Left ___ Shoe size _____ Blood type _____ Hair Color _____
(natural color)
Marital Status: (circle one) Never Married Married Widowed Divorced Other _____
(Please explain)
Spouse: _____ / _____ / _____ Living ___ Deceased ___ Unknown ___
Last (include maiden) First Middle
Number of Children: _____

Highest Education Level (indicate number of years) Military Service: Y / N
Elem/Second (0-12) _____ College _____
Childhood Socio-Economic Status: (circle one) Lower Lower Middle Middle Upper Middle Upper
Occupation (life-long) _____ Business/Industry _____

Dental History – Check all that apply

| | | |
|---|---|--|
| <input type="checkbox"/> Extensive dental work | <input type="checkbox"/> Most/all teeth | <input type="checkbox"/> Teeth Missing |
| <input type="checkbox"/> Lower dentures: When _____ | <input type="checkbox"/> Bridge | <input type="checkbox"/> Few |
| <input type="checkbox"/> Upper dentures: When _____ | <input type="checkbox"/> Gum Disease | <input type="checkbox"/> Many |
| <input type="checkbox"/> Upper and lower dentures: When _____ | <input type="checkbox"/> Dental Disease | <input type="checkbox"/> All |
| <input type="checkbox"/> Partial plate | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Braces |

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Body Donation Questionnaire (continued)

Please complete the following information by filling in the blank and/or circling an option. If you need more space, additional sheets may be attached. Please print all information. All of the information is confidential.

Full Legal Name _____ / _____ / _____

Medical History (please indicate the approximate year for each)

___ Surgery (general) _____
___ Plastic surgery (indicate type and location) _____ ___ Bone fractures (location) _____
___ Auto accident (traumatic) _____ ___ Spinal injuries _____
___ Open heart surgery _____ ___ Amputations _____
___ Cancer (type) _____ Type of treatment _____
___ Diabetes _____ ___ Prosthetics _____
___ Smoker - How long? _____ ___ Alcoholism _____
___ Other (includes childhood disorders) _____

Please describe in more detail the above information or any other you think may be important, including current medications, timing of illnesses/injuries, and the location of traumatic injuries your body has endured.

Habitual Activities (i.e. repetitive occupational stresses, such as lifting, jogging, etc.) _____

Eye Color ___ Blue ___ Green ___ Gray ___ Brown ___ Hazel ___ Other

Tattoo(s) ___ Yes ___ No If yes, please give description(s) and body location(s) _____

Body Piercing(s) ___ Yes ___ No If yes, please give description(s) and body location(s) _____

Informant Information (if other than donor)

Name _____ Relationship to donor _____
Address _____ Phone number _____
City _____ State _____ Zip code _____ e-mail: _____

DO NOT CONTINUE IF YOU ARE A LIVING DONOR

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Body Donation Questionnaire (continued)

Location of Death _____ **Date of Death** _____

Institution/Hospital _____

Address _____

City _____ County _____ State _____ Zip code _____

Thank you for taking the time to complete this questionnaire.
If we can be of further assistance, please feel free to contact us.

Return completed forms to:
Dr. Joan Bytheway

Southeast Texas Applied Forensic Science Facility (STAFS)

Sam Houston State University

College of Criminal Justice

816 17th Street Suite A251

Huntsville, Texas 77340

Phone: 936-294-2310 Fax: 936-294-2311

Email: stiafs@shsu.edu