



SOUTHEAST TEXAS APPLIED FORENSIC  
SCIENCE FACILITY  
SAM HOUSTON STATE UNIVERSITY



I, \_\_\_\_\_, do hereby dispose of and give my body, after my death, to Sam Houston State University, for the use by the Southeast Texas Applied Forensic Science Facility, or its designee, for educational and research purposes. I request, authorize, and instruct my surviving spouse, next of kin, executor or the physician who certifies my death to notify the Southeast Texas Applied Forensic Science Facility at Sam Houston State University (telephone: 936-294-2310) immediately after my death of the availability of my body.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, in the year of 20\_\_\_\_\_, at \_\_\_\_\_am/pm (circle one).  
(month)

\_\_\_\_\_  
Donor's Address

\_\_\_\_\_  
Donor's City, State, Zip Code

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Donor's Printed Name

\*\*\*\*\*

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year of 20\_\_\_\_\_

\_\_\_\_\_ signed this Body Donation  
(Donor's Name)

Document in our presence and we, as attesting witnesses, and in his/her presence and in the presence of each other have also signed this document.

**WITNESSES:**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_