



SOUTHEAST TEXAS APPLIED FORENSIC
SCIENCE FACILITY
SAM HOUSTON STATE UNIVERSITY



WILLED BODY DONATION PROGRAM
SPECIAL DISPOSITION OF BODY REQUEST FORM

I, _____, wish for my remains to be returned to the undersigned next of kin, after completion of scientific and/or teaching purposes. I hereby request and authorize the Southeast Texas Applied Forensic Science Facility at Sam Houston State University to return the remains to the undersigned next of kin via United States Courier to the address below. I and my next of kin understand that there is a \$400.00 (or current rate for cremation) charge for return of remains.

Body Donor Signature

Date

As next of kin, I understand that there is a \$400.00 (or current rate for cremation) charge for return of remains, and I agree to make payment or make arrangements for payment prior to return.

The Southeast Texas Applied Forensic Science Facility at Sam Houston State University will contact me when the remains are available. I understand that every effort will be made to comply with the donor's request. Two years or more after the body is accepted may elapse before I am contacted.

I understand that in the event that the Southeast Texas Applied Forensic Science Facility is unable to locate me after written notification by mail, the Southeast Texas Applied Forensic Science Facility will hold the remains for at least ninety (90) days from the first written notification attempt. After the ninety (90) days have elapsed without a response from me, I relinquish my rights to the remains and the Southeast Texas Applied Forensic Science Facility may keep them for scientific or research purposes.

Name of Next of Kin (please print)

Relationship to donor

Signature of Next of Kin

Date

Street Address, City, State, Zip code, Phone number with area code

By signing below, I attest that my next of kin has read and understands the requirements of this document.

Printed Name of Donor

Signature of Donor

Date

Printed Name of Witness

Signature of Witness

Date

Street Address of Witness, City, State, Zip code, Phone number with area code