



# Self Donation and Cremation Authorization

3401 MacDonnell Dr. Norman, OK 73069 | 3620 E. Wier Avenue, Phoenix, AZ 85040  
 T (877)738-6111 | F (877)738-5222 | [www.unitedtissue.org](http://www.unitedtissue.org) | [donorinfo@unitedtissue.org](mailto:donorinfo@unitedtissue.org)

I hereby request that United Tissue Network (UTN) accept the donation of my whole body for medical research and education. I am making this gift free and voluntarily and understand there will be no reward or compensation to me or to any family member. I understand that I will not be fiscally responsible for costs directly related to this donation.

I understand that I may revoke or amend this gift prior to my death. I acknowledge that it is my responsibility to inform my Authorizing Person of my decision to donate my body to UTN and of their right to provide a request for my cremated remains.

I understand that after death my body will be transported to a UTN facility and that a viewing will not be possible during a funeral or remembrance ceremony. I authorize UTN to obtain any and all medical records including but not limited to a complete medical history, physician records, serology results, and autopsy findings. I understand that blood samples will be taken at the time of death and tested for conditions including, but not limited to, HIV/AIDS, hepatitis B & C. UTN is required by state law to report communicable diseases.

I understand that this donated gift will be used for educational, training, scientific and/or research purposes both domestically and internationally with both non-profit and for-profit organizations. This gift may be used in multiple research programs and in multiple venues that UTN, in their sole discretion, deems necessary to facilitate the gift. This gift may require embalming and/or preservation, segmentation and disarticulation including the surgical procurement of the arms, legs, head, spine and other tissues from my body.

I confirm that no guarantee or assurance has been made as to the results that may be obtained from the educational or medical uses or research performed with this gift. I may request that this gift be used for a specific research or educational; however, UTN cannot guarantee that this request will be granted at the time of donation.

I hereby authorize and direct UTN to cremate the remains of my body. I authorize UTN and/or its designee to arrange for the final disposition of the donated tissues in any manner compliant with local, state, or federal laws. I understand that cremation is required as part of the donation process. I understand that cremated remains may not include tissues that have been recovered for medical research, training or educational purposes. I understand that the Crematory will make every effort to avoid inadvertent commingling of minute particles. Partially cremated remains will be placed in a container designed for the shipping of cremated remains. Partially cremated remains will be returned in 4 weeks to 2 years.

I understand that my Authorizing Person may remove or request the removal of personal items from the body at the time of this gift. If no request is made, all personal effects will be destroyed. I understand that medical devices including but not limited to pacemakers create a hazardous condition during the cremation process and must be identified and possibly removed prior to cremation. All prostheses, bridgework, or similar items will be discarded after the cremation is completed. Gold inlays, dental gold, rings and jewelry will lose their identity and will also be discarded.

I hereby verify my understanding of all disclosures and have allowed ample time for consideration. I understand that signing this Authorization does not guarantee acceptance of my donation into the UTN program. I understand that this is a legal document being signed by me. I agree to release from liability, UTN, the Crematory, any Clients, and all their affiliates, agents, officers, and employees against loss from any and all claims, damages or demands that may be made by or declared against it or them. This includes claims due to the failure to disclose the existence of implanted devices or personal effects.

***All fields are REQUIRED to be completed***

**Donor Information:**

Name:		Phone:	
Address:		City, ST, Zip:	

**Please select ONE option below by initialing in the provided space:**

<input type="checkbox"/>	Cremated remains shall be returned to the designated Authorizing Person in <b>up to 6 weeks</b> unless no Authorizing Person can be identified or located in which case UTN or its designee will dispose of the cremated remains in accordance with applicable laws.
<input type="checkbox"/>	Cremated remains shall be returned to the designated Authorizing Person in <b>up to 2 years</b> unless no Authorizing Person can be identified or located in which case UTN or its designee will dispose of the cremated remains in accordance with applicable laws. Not all donors are eligible for this option. Up to 6 weeks return if not eligible.
<input type="checkbox"/>	The Authorizing Person shall <b>NOT receive any cremated remains</b> . UTN or its designee is authorized to dispose of the cremated remains in accordance with applicable laws.

Donor Signature:		Print Name:		Date:	
------------------	--	-------------	--	-------	--

*Please be sure that you and your witnesses sign and date on the same day. Both witnesses must be 18 years of age or older. The undersigned acknowledge that the donor signed this document. The donor's act in signing this document appeared to be his/her free and voluntary act. At least ONE witness must be a disinterested party (not a relative or caregiver).*

Witness Signature:		Print Name:		Date:	
--------------------	--	-------------	--	-------	--

Witness Signature:		Print Name:		Date:	
--------------------	--	-------------	--	-------	--

UTN Coordinator:		Date:	
------------------	--	-------	--