



**NORTHERN MICHIGAN UNIVERSITY**  
FORENSIC RESEARCH OUTDOOR STATION  
FORENSIC ANTHROPOLOGY RESEARCH LABORATORY

Thank you for expressing interest in donating your body to the Northern Michigan University (NMU) Forensic Research Outdoor Station (FROST) and Forensic Anthropology Research Laboratory (FARL). This generous donation will contribute to research and education that will not only benefit NMU faculty and students in their academic pursuits, but will also play a critical role in the advancement of forensic science.

You may have heard the term “body farm,” or you may have seen it written in print publications. That term was coined in 1994 by author Patricia Cornwell as the title of her crime fiction novel, *The Body Farm*, in which a significant portion of the plot centers on the research facility at the University of Tennessee, Knoxville. Most of the scientists who work in this field avoid the use of the term “body farm” to refer to our own facilities because of its potential to conjure macabre images in people’s minds. Forensic scientists also generally feel that it detracts from the highly respectful and scientific nature of our practices. This is why you will see ours referred to as “FROST” or “our facility.”

FROST is one of only a handful of such facilities in the world. The first outdoor forensic research facility was founded in 1981 by Dr. William Bass at the University of Tennessee, Knoxville. Other U.S. facilities are located at Western Carolina University (Cullowhee, NC), Sam Houston State University (Huntsville, TX), Texas State University (San Marcos, TX), Colorado Mesa University (Grand Junction, CO), Southern Illinois State University (Carbondale, IL), and the University of South Florida (Tampa, FL). Several other U.S. universities have facilities under development, and there are comparable facilities in Australia (University of Technology, Sydney) and Canada (Becancour, Quebec). All of these facilities specialize in research focused on *forensic taphonomy*, which refers to everything that happens to a human body after death.

Understanding what happens to human remains after death helps solve crimes. Researchers conduct scientific studies involving individuals who donate their bodies for research and apply what they learn to cases involving unsolved deaths. This enables scientists to answer questions about how long ago the person died, what happened to the person at or near the time of death, and even who the person was and what they may have looked like during life.

Temperature and insect access are the two most important factors when determining the time since death, or what we refer to as the *postmortem interval*. Climate-specific research facilities are critical in this process. All of the other U.S. facilities are located in warm or arid climates; FROST is the first facility located in a northern climate. We have already received international

attention and we are looking forward to making significant contributions to taphonomy studies involving the effects of cold temperatures, deep snow, and repeated cycles of freezing and thawing on human decomposition.

Thanks to you, and people like you, who have decided to donate your body after death to forensic science research and education, our field has advanced significantly. Advances in forensic anthropology, biology, microbiology, chemistry, DNA analysis, forensic art, trace evidence analysis, fingerprinting, crime scene investigation, and studies of a non-criminal nature, such as the effects of obesity or diabetes on the human skeleton, can all be attributed to research at these facilities.

I can personally assure you that all of our donors are treated with respect and dignity. Your donation will forward scientific research and education for many years to come. Thank you again for choosing to donate your body to FROST. If you have any questions as you read through the enclosed packet of donation paperwork, please reach out to us via phone (906) 227-1144 or email at [frost@nmu.edu](mailto:frost@nmu.edu).

Kind Regards,

Jane Harris, Ph.D., Director  
Forensic Research Outdoor Station  
Forensic Anthropology Research Laboratory  
NMU Body Donation Program



## SELF-DONATION PAPERWORK INSTRUCTIONS

This *Self-Donation Packet* contains the following documents: *Self-Donation Paperwork Checklist* (1 page), *Self-Donation Release* form (2 pages), *Self-Donation Policy Acknowledgement* form (2 pages), and the *Self-Donation Questionnaire* (6 pages). The forms must be completed in their entirety and received by Northern Michigan University (NMU) Forensic Research Outdoor Station/Forensic Anthropology Research Laboratory (FROST/FARL) before a body donation can be approved.

- A handwritten signature is required by the donor's legal next-of-kin on the *Self-Donation Release* form, the *Self-Donation Policy Acknowledgement* form, and the *Self-Donation Questionnaire*. In the case of multiple next-of-kin representatives (e.g. multiple children or siblings), handwritten signatures of each representative are required on all documents.
- The handwritten signatures of at least two (2) witnesses are required on the *Self-Donation Release* form, the *Self-Donation Policy Acknowledgement* form, and the *Self-Donation Questionnaire*. A spouse or partner, family member, or friend is permissible as a witness as long as the individual is at least 18 years of age.
- Once the donation paperwork is complete with signatures, the original should be mailed or hand-delivered to NMU FROST/FARL (along with any photographs and/or medical/dental records and images). Please keep at least one copy for your records. If you have already been working with a funeral director, a copy should be given to that individual as well.

Note: According to MCL 333.2843, in Michigan, only a licensed funeral director may legally file a death certificate, which means all individuals who wish to donate their remains to NMU FROST/FARL must work with a funeral director at some point during this process. **While there is no cost for donating a body to NMU FROST/FARL, there may be costs associated with the funeral director's services, including transportation to the FROST/FARL facility. All fees associated with funeral director services are the responsibility of the donor or donor's family/estate.**

Upon your death, your funeral representative or legal next-of-kin should call (906) 362-2307 (24 hours) to obtain final donation approval or denial. Upon approval of a body donation, NMU FROST/FARL will work with a local funeral home to arrange for transportation to our facility.

Regarding Page 4 of the *Self-Donation Questionnaire*:

The *Self-Donation Questionnaire* contains a special "Research/Donation Authorization"\* section that addresses specific research for which body donations may be used. By checking a box, you are indicating your choice for the type of research you authorize or do not authorize NMU FROST/FARL to conduct involving your body. You will be asked to select one option in each section. Please be sure to complete all of these sections.

\*Your selections in the "Research/Donation Authorization" section have *no influence* on NMU FROST/FARL decisions regarding the acceptance or denial of donations.

The options for specific “Research/Donation Authorization” are described below:

#### Photographs

Photographs of our donors during life will be used to improve methods and training for forensic artists. Forensic artists assist law enforcement in several ways, for example: creating facial reconstructions for unidentified human remains to assist with their identification, or creating age progressions for missing children to assist with locating them. Photographs may also be used in research to improve facial recognition systems and facial image comparison methods in the law enforcement community, which are used for criminal justice and security purposes.

#### Education and Research involving Injury or Trauma

Some of the most important research in forensic anthropology and death investigation involves the understanding of trauma. Research of this type will help scientists better understand the processes of trauma, which will help to improve the interpretation of trauma in medicolegal death investigations and to develop products and practices intended to prevent and/or treat traumatic injuries in living people. This type of research would involve inflicting damage or trauma to the body in some way, depending on the research question and methodology. A body will only be used in this type of research if the appropriate box is checked and if there is a need.

#### Donor Use by Other Institutions

There will be times when research and educational institutions outside of NMU will have a need for donated human remains. This section allows you to choose whether or not you would allow NMU FROST/FARL to transfer use and/or curation of the donated remains to another institution upon their request/need. A body will only be eligible for transfer to another institution if the appropriate box is checked and if there is a need.

#### Upper Michigan Brain Tumor Center

This section addresses whether or not you wish to donate your brain to the Upper Michigan Brain Tumor Center ([www.nmu.edu/umbtc](http://www.nmu.edu/umbtc)). The Center’s mission is to train the next generation of research and medical professionals while improving patient outcomes by better understanding how brain cancer works. The Upper Michigan Brain Tumor Center is a collaboration between Northern Michigan University and Upper Peninsula Healthcare Systems-Marquette, a Duke LifePoint Hospital. A donor’s brain will only be donated to the Upper Michigan Brain Tumor Center if the appropriate box is checked and if there is a need.

#### Donor Memorial Service

This section asks whether you would wish to be excluded from our annual donor memorial service, in which all donors whose remains have been accepted by our program within the previous year are recognized and honored for their contribution to research, education, and the advancement of the forensic sciences. Invitations to this event are typically sent to our donors’ stated next-of-kin, and they are open to immediate family and/or close loved ones. If you would like to designate a point-of-contact for receiving communications regarding this event, you will be able to provide this information here.

#### NMU Affiliation

This section asks about your affiliation with NMU (e.g. alumni status, current or past employee, etc.). Donors with NMU affiliation will have the option to be added to a memorial wall commemorating our “Forever Wildcats,” which will be on display at the NMU Forensic Anthropology Research Laboratory. NMU affiliation status has no influence on the eligibility of a body donation.

#### Special Requests and Considerations

This section allows you to make a special request regarding the type of research/teaching with which you would like to be involved (or which you would prefer to avoid). This section also allows you to request particular body treatments (e.g., placement with particular clothing, object, etc.). NMU FROST/FARL will do our best to meet these requests, within reason, but we cannot guarantee that the requests will be met.

If you need assistance with any of the forms, please contact NMU FROST/FARL by calling (906) 227-1144 or emailing [frost@nmu.edu](mailto:frost@nmu.edu).



### SELF-DONATION PAPERWORK CHECKLIST

Thank you for choosing to donate to the Northern Michigan University (NMU) Forensic Research Outdoor Station (FROST) and Forensic Anthropology Research Laboratory (FARL). Enclosed you will find several forms required for body donation. Please complete all of the attached forms, sign them, make copies for your records, and mail the originals to the following address:

**NMU FROST/FARL Body Donation Program**  
**Department of Sociology & Anthropology**  
**1401 Presque Isle Avenue**  
**Marquette, MI 49855**

The following must be returned with all required signatures and fully completed prior to being accepted into the NMU FROST/FARL Body Donation Program. Use the checklist for those items that must be returned.

NMU FROST/FARL *Self-Donation Release* (2 pages)

This is a legally binding document allowing you to donate your body after death to NMU FROST/FARL. This document must have a minimum of two witness signatures (witnesses must be 18 years of age or older). If there are multiple next-of-kin representatives (e.g. multiple children or siblings), additional handwritten signatures are required from each representative on this form where indicated.

NMU FROST/FARL *Self-Donation Policy Acknowledgement* (2 pages)

This is a legally binding document that outlines important items of NMU FROST/FARL policy to which a donor's next-of-kin must agree before NMU FROST/FARL can accept a body donation. This document must have a minimum of two witness signatures (witnesses must be 18 years of age or older). If there are multiple next-of-kin representatives, additional handwritten signatures are required from each representative on this form where indicated.

NMU FROST/FARL *Self-Donation Questionnaire* (6 pages)

All information on this form is provided by the donor voluntarily and will be protected by NMU FROST/FARL. Please complete all sections of this document to the best of your ability. We ask that any changes to this vital information be reported to NMU FROST/FARL to keep our records up-to-date.

Photographs

Photographs can be submitted as originals (which will be scanned and then returned) or as electronic files (preferably TIFF or PNG format, at a resolution of 300dpi or greater, although all images will be accepted). If you choose to donate photographs for educational and research purposes, please include the following, if available:

- At least two (2) recent close-up facial photographs (such as passport or driver's license photo);
- At least one profile (side view) photograph;
- Labeled photos from throughout your life, including childhood through adulthood, photos showing different expressions, photos showing weight gain or loss, etc.

Medical/Dental Records

It is helpful to our research and educational missions to have complete, accurate data. Please consider obtaining your medical and/or dental records (including x-ray images, pictures, etc.) from your primary care physician and/or your dentist (most offices will release a patient's records to the patient) and donating them to NMU FROST/FARL along with the donation paperwork. It is difficult for NMU FROST/FARL to obtain these documents as an outside third party, even if a donor has completed and filed a release, so we prefer to receive these documents as donations.



### SELF-DONATION POLICY ACKNOWLEDGEMENT

My initials next to the following statements indicate my acknowledgement of NMU FROST/FARL policies pertaining to my body donation.

\_\_\_\_\_ I am aware that the donation of my body to NMU FROST/FARL is a forever donation and my remains (whole or in part) will not be cremated or returned to my family or any other recipient.

\_\_\_\_\_ I am aware that my body will remain outdoors for a period of time and despite the best efforts of NMU FROST/FARL staff to safeguard against them, there may be acts of nature that affect the condition of my body (including but not limited to scavenger activity or significant storm events that result in physical damage to the facility).

Please have your next-of-kin initial next to ONE of the following options:

\_\_\_\_\_ I (we) wish to be notified if any portion of the donor's body becomes unaccounted for due to the natural forces described above.

\_\_\_\_\_ I (we) DO NOT wish to be notified if any portion of the donor's body becomes unaccounted for due to the natural forces described above.

\_\_\_\_\_ I understand that a body donation is not complete until the death record has been certified and that per Michigan law (MCL 333.2843), only a licensed funeral director can certify a death record.

\_\_\_\_\_ I understand that my estate or next-of-kin may incur costs associated with a funeral director's services and that NMU FROST/FARL is not responsible for covering those costs.

\_\_\_\_\_ I understand that a funeral home or other transport company will be required to transport my body to the NMU FROST/FARL facility (located at 1020 Wright Street, Marquette, MI 49855).

\_\_\_\_\_ I understand that my estate or next-of-kin is/are responsible for transportation costs.

\_\_\_\_\_ I understand that NMU FROST/FARL cannot accept any body as a donation if the donor has been diagnosed with some forms of communicable diseases or infections (including but not limited to HIV/AIDS, tuberculosis, hepatitis, , active antibiotic resistant infections such as MRSA, or known or suspected Covid-19 infection at or near the time of death). Presence of any of these conditions at the time of death may result in the decline of my body donation, even if I have been pre-approved as a donor.

\_\_\_\_\_ I understand that NMU FROST/FARL reserves the right to decline donations and that completion of this paperwork does not guarantee the acceptance of a donor into the NMU FROST/FARL program.

\_\_\_\_\_ I understand that NMU FROST/FARL cannot accept embalmed bodies or bodies weighing over 200 pounds.

\_\_\_\_\_ I understand that if NMU FROST/FARL is unable to accept my body and declines the donation, other arrangements for the final disposition of my body must be made and NMU FROST/FARL is not responsible for any costs associated with alternative arrangements.

\_\_\_\_\_ I understand that if my body either exceeds the maximum weight limit of 200 pounds or has a communicable disease or infection, NMU FROST/FARL can accept the donation of my body following cremation.

\_\_\_\_\_ I understand that if cremation is necessary prior to donation, my estate or next-of-kin is responsible for all arrangements and costs associated with cremation of my body and that NMU FROST/FARL cannot accept cremated remains that have been pulverized.

\_\_\_\_\_ I understand that NMU FROST/FARL does not perform autopsies to determine cause of death on donations to their program. In Michigan, the medical examiner for the county in which the death occurs must determine whether or not an autopsy is needed before the donation is released to NMU FROST/FARL and must approve of the transportation of my body outside of the county of death prior to transport.

\_\_\_\_\_ I understand that in order for my body donation to be considered, the entire packet of paperwork must be completed and returned to NMU FROST/FARL and that the notification of acceptance or denial of the donation of my body to NMU FROST/FARL will be confirmed via USPS.

\_\_\_\_\_ I hereby relinquish all rights and claims regarding my body and direct that by accepting and using my body for educational and scientific purposes and its subsequent disposition, neither the State of Michigan, nor NMU FROST/FARL shall incur any liability and no manner of claim shall rise against the State of Michigan, Northern Michigan University, the NMU FROST/FARL, or those involved in research or education associated with the aforementioned facilities.

I have read, understand, and agree to the above policies regarding the donation of my body after death to the Northern Michigan University Forensic Research Outdoor Station/Forensic Anthropology Research Laboratory.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor's Full Name (print)

I (we) acknowledge that I (we) understand the above policies and agree to adhere to my (our) responsibilities regarding the donor's decision to donate his/her body after death to NMU FROST/FARL. *Please add additional necessary next-of-kin signature(s) and contact information on the back of this form.*

Number of surviving next-of-kin: \_\_\_\_\_

\_\_\_\_\_  
Next-of-Kin 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Next-of-Kin 1 Full Name (print)

\_\_\_\_\_  
Relationship to Donor

\_\_\_\_\_  
Next-of-Kin 1 Address (Street, Apt./Suite, City, State, Zip)

\_\_\_\_\_  
Next-of-Kin 1 Phone Number

\_\_\_\_\_  
Next-of-Kin 1 Email Address or Alternate Phone Number

\_\_\_\_\_  
Next-of-Kin 2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Next-of-Kin 2 Full Name (print)

\_\_\_\_\_  
Relationship to Donor

\_\_\_\_\_  
Next-of-Kin 2 Address (Street, Apt./Suite, City, State, Zip)

\_\_\_\_\_  
Next-of-Kin 2 Phone Number

\_\_\_\_\_  
Next-of-Kin 2 Email Address or Alternate Phone Number

This *Self-Donation Policy Acknowledgement* form was signed by the donor, who appears to be of sound mind and signed this document freely and without coercion in our presence and we, as attesting witnesses (18 years of age or older), in the presence of each other sign this document.

\_\_\_\_\_  
Witness 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness 1 Full Name (print)

\_\_\_\_\_  
Witness 1 Address (Street, Apt./Suite, City, State, Zip)

\_\_\_\_\_  
Witness 1 Phone Number

\_\_\_\_\_  
Witness 2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness 2 Full Name (print)

\_\_\_\_\_  
Witness 2 Address (Street, Apt./Suite, City, State, Zip)

\_\_\_\_\_  
Witness 2 Phone Number



**SELF-DONATION RELEASE**

Pursuant to the Revised Uniform Anatomical Gift Law, I hereby give my body after my death to Northern Michigan University (NMU) Forensic Research Outdoor Station/Forensic Anthropology Research Laboratory (FROST/FARL), or its designee, to be used in the advancement of scientific education and research. I direct that by accepting and using my body for educational and research purposes and its subsequent disposition, neither the State of Michigan, nor Northern Michigan University, nor the Forensic Research Outdoor Station/Forensic Anthropology Research Laboratory shall incur any liability and no manner of claim shall rise against the State of Michigan, Northern Michigan University, the Forensic Research Outdoor Station/Forensic Anthropology Research Laboratory, their regents, employees, agents, and officers, or those involved in research or education associated with the aforementioned facilities.

I request, authorize, and instruct my surviving spouse, next-of-kin, executor, designated funeral representative or the physician who certifies my death to notify NMU FROST/FARL of the availability of my body immediately after my death.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor's Full Name (print)

This *Self-Donation Release* form was signed by the donor, who appears to be of sound mind and signed this document freely and without coercion in our presence and we, as attesting witnesses (18 years of age or older), in the presence of each other sign this document.

\_\_\_\_\_  
Witness 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness 1 Full Name (print)

\_\_\_\_\_  
Witness 1 Address (Street, Apt./Suite, City, State, Zip)

\_\_\_\_\_  
Witness 1 Phone Number

\_\_\_\_\_  
Witness 2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness 2 Full Name (print)

\_\_\_\_\_  
Witness 2 Address (Street, Apt./Suite, City, State, Zip)

\_\_\_\_\_  
Witness 2 Phone Number

Selected provisions from the Revised Michigan Anatomical Gift Law, Public Act 368 of 1978, amended as Public Act 39 of 2008, are provided below. The full text of the statute may be viewed by visiting:

<http://legislature.mi.gov/doc.aspx?mcl-368-1978-10-101>.

**PLEASE NOTE:** Although the information in this guide is about legal issues, it is not intended as legal advice or as a substitute for the advice of your own counsel. While a reasonable effort has been made to compile complete and accurate information in this guide, NMU Forensic Research Outdoor Station/Forensic Anthropology Research Laboratory does not assume any liability resulting from any errors or omissions.

**ARTICLE 10 PART 101  
EXCERPTS FROM ACT NO. 368 PUBLIC ACTS OF 1978**

Sec. 10102. (1) An individual of sound mind and 18 years of age or more may give all or any physical part of the individual's body for any purpose specified in section 10103, the gift to take effect upon death.

Sec. 10103. The following persons may become donees of gifts of bodies or physical parts thereof for the purposes stated:

(b) Any accredited medical or dental school, college or university for education, research, advancement of medical or dental science, therapy, or transplantation.

Sec. 10104. (1) A gift of all or a physical part of the body under section 10102 (1) may be made by will. The gift becomes effective upon the death of the testator without waiting for probate. If the will is not probated, or if it is declared invalid for testamentary purposes, the gift, to the extent that it has been acted upon in good faith, is nevertheless valid and effective.

Sec. 10106. If the gift is made by the donor to a specified donee, the will, card or other document, or an executed copy thereof, may be delivered to the donee to expedite the appropriate procedures immediately after death. Delivery is not necessary to the validity of the gift. The will, card or other document, or an executed copy thereof, may be deposited in any hospital, bank, or storage facility or registry office that accepts it for safekeeping or for facilitation of procedures after death. On request of any interested party upon or after the donor's death, the person in possession shall produce the document for examination.

Sec. 10107. (1) If the will, card or other document or executed copy thereof, has been delivered to a specified donee, the donor may amend or revoke the gift by any of the following methods:

- (a) The execution and delivery to the donee of a signed statement.
- (b) An oral statement made in the presence of 2 persons and communicated to the donee.
- (c) A statement during a terminal illness or injury addressed to an attending physician and communicated to the donee.
- (d) A signed card or document found on his person or in his effects.

(2) Any document of gift which has not been delivered to the donee may be revoked by the donor in the manner set out in subsection (1), or by destruction, cancellation or mutilation of the document and all executed copies thereof.

(3) Any gift made by a will may also be amended or revoked in the manner provided for amendment or revocation of wills, or as provided in subsection (1).

Sec. 10108. (1) The donee may accept or reject the gift. If the donee accepts a gift of the entire body, the surviving spouse, next-of-kin or other persons having authority to direct and arrange for the funeral and burial or other disposition of the body may, subject to the terms of the gift, authorize embalming and the use of the body in a funeral service. If the gift is a part of the body, the donee, upon death of the donor and prior to embalming, shall cause the part to be removed without unnecessary mutilation. After removal of the part, custody of the remainder of the body vests in the surviving spouse, next-of-kin or such other persons having authority to direct and arrange for the funeral and burial or other disposition of the remainder of the body.

Sec. 10109. This part shall be so construed as to effectuate its general purpose to make uniform the law of those states which enact it.



**SELF-DONATION QUESTIONNAIRE**

The information provided on this form is confidential. Please complete all of the blanks on this form to the best of your ability. All information is provided voluntarily. If you need more space in any of the sections, additional sheets or documents may be attached. For assistance with completing this form, please contact the NMU FROST/FARL Body Donation Program at (906) 227-1144 or email frost@nmu.edu. Research and teaching at NMU FROST/FARL extend beyond the information included on this form. Photographs of our donors aid in training forensic artists, and health records (treatment charts, medical and/or dental X-rays, photographs) aid other scientists in the development or improvement of methods. Please consider requesting records from your primary care physician and/or your dentist and donating them to NMU FROST/FARL.

Donor Identification			
Last Name	First Name	Middle Name	Maiden Name
Biological Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Pronouns <input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Other	Race/Ancestry: <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> European <input type="checkbox"/> Other <input type="checkbox"/> Unsure Race/Ancestry: _____	
Date of Birth (MM/DD/YYYY)	SSN	Place of Birth (City, County, State, Country)	
Current Street Address and Apt/Suite		City	State      Zip
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married			
Are you related to anyone who has donated their body to NMU FROST/FARL in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure    If Yes, please provide their name(s) and relationship(s) to you:			
Spouse/Partner Identification			
Last Name	First Name	Middle Name	Maiden Name
Your Spouse/Partner is: <input type="checkbox"/> Living <input type="checkbox"/> Deceased <input type="checkbox"/> Unsure			
Family Information			
Mother's Last Name	Mother's First Name	Mother's Middle Name	Mother's Maiden Name
Mother's Date of Birth	Mother's Place of Birth (City, State, Country)		Parental Relationship: <input type="checkbox"/> Biological <input type="checkbox"/> Adoptive/Step
Father's Last Name	Father's First Name	Father's Middle Name	Parental Relationship: <input type="checkbox"/> Biological <input type="checkbox"/> Adoptive/Step
Father's Date of Birth	Father's Place of Birth (City, State, Country)		
Number of Living Siblings:	Number of Full Siblings:	Number of Half Siblings:	Number of Adoptive Siblings:
Education			
Highest Level of Education: <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college <input type="checkbox"/> Certificate/License <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate/Professional <input type="checkbox"/> Unsure			

**Please continue to next page.**

<b>Occupation</b>				
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disability <input type="checkbox"/> Unsure				
Employer (or most recent employer)	Occupation	Years	Repeated Activity?	
<b>Service</b>				
Were you ever a law enforcement officer in the state of Michigan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Agency		Years of service	
Did you ever serve in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Branch	Function/Duty	Years of service	
<b>Physical Characteristics</b>				
Height (inches)	Weight (pounds)	Are you estimating? <input type="checkbox"/> Yes <input type="checkbox"/> No	Blood Type	Shoe Size
Would you be considered obese? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	For how many years?	Have you experienced a recent extreme change in weight? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
Left Eye Color <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Hazel <input type="checkbox"/> Other		Right Eye Color <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Grey <input type="checkbox"/> Hazel <input type="checkbox"/> Other		
<b>Socioeconomic Status (please estimate to the best of your ability)</b>				
Childhood <input type="checkbox"/> Low <input type="checkbox"/> Low-Middle <input type="checkbox"/> Middle <input type="checkbox"/> Upper-Middle <input type="checkbox"/> Upper <input type="checkbox"/> Unsure				
Adulthood <input type="checkbox"/> Low <input type="checkbox"/> Low-Middle <input type="checkbox"/> Middle <input type="checkbox"/> Upper-Middle <input type="checkbox"/> Upper <input type="checkbox"/> Unsure				
<b>Geographic History (to the best of your knowledge or recollection, please indicate where you have lived)</b>				
City/State		From (Date) _____ Until (Date) _____		
City/State		From (Date) _____ Until (Date) _____		
City/State		From (Date) _____ Until (Date) _____		
City/State		From (Date) _____ Until (Date) _____		
City/State		From (Date) _____ Until (Date) _____		
City/State		From (Date) _____ Until (Date) _____		
City/State		From (Date) _____ Until (Date) _____		
City/State		From (Date) _____ Until (Date) _____		
City/State		From (Date) _____ Until (Date) _____		
<b>Dental History (please indicate the approximate year or age for each)</b>				
Braces?	Bridge?	Upper Denture?	Lower Denture?	
Dental Trauma?				
Please describe your dental history in greater detail, including gum disease, restorations, and other information you believe will be important for us to know. Please either use the back of this form or attach supplemental pages/documents.				
<b>Dentist Contact Information (most recent dentist)</b>				
First and Last Name		Phone Number	Practice	
Current Street Address and Apt/Suite		City	State	Zip

*Please continue to next page.*

<b>Medical History (please indicate type/location and approximate year for each)</b>			
General Surgery			
Cosmetic Surgery			
Fractures			
Auto Accident (causing injury)			
Cancer			
Spinal Injury			
Open Heart Surgery			
Amputations			
Joint Replacements			
Prosthetics			
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	If Yes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Unsure	How many years? _____	Insulin dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you ever been diagnosed with (please check all that apply)? <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Brucellosis <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Plague			
Alcohol Use <input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Unsure		Most frequent type of alcoholic beverage: <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor <input type="checkbox"/> Other: _____	
Average number of drinks per week: <input type="checkbox"/> 0-1 <input type="checkbox"/> 2-7 <input type="checkbox"/> 7-20 <input type="checkbox"/> more than 20    Years? _____    If past, year stopped: _____			
Tobacco Use <input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Unsure		Most frequent type: <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Chewing Tobacco <input type="checkbox"/> Other: _____	
Number/Amount per day: _____    Years? _____    If past, year stopped: _____			
Illicit Drug Use <input type="checkbox"/> Never <input type="checkbox"/> Past <input type="checkbox"/> Current <input type="checkbox"/> Unsure		Most frequent type: Describe: _____	
Number/Amount per day: _____    Years? _____    If past, year stopped: _____			
Please list any habitual/repetitive activities (e.g., typing, playing tennis, kneeling, bending, etc.). Please either use the back of this form or attach supplemental pages/documents.			
Please provide any additional information about your medical history that may be important for us to know. Please either use the back of this form or attach supplemental pages/documents.			
<b>Female Donors Only</b>			
Number of pregnancies _____	Number of births _____	Hysterectomy? <input type="checkbox"/> Yes <input type="checkbox"/> No    Year: _____	Cesarean? <input type="checkbox"/> Yes <input type="checkbox"/> No    Year: _____
<b>Primary Care Physician Contact Information</b>			
First and Last Name _____		Phone Number _____	Practice _____
Current Street Address and Apt/Suite _____		City _____	State _____ Zip _____
<b>Tattoos and Piercings</b>			
Tattoos? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Please describe and indicate the locations and approximate years in which they were done. You may include additional pages if necessary.		
Body Piercings? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Please describe and indicate the location of any body piercings.		

**Please continue to next page.**

**RESEARCH/DONATION AUTHORIZATION\***

\*Your responses in this section have *no influence* on NMU FROST/FARL decisions regarding the acceptance or denial of donations.

Please check the appropriate box for each of the below options.

<b>Photographs</b>
<input type="checkbox"/> I <b>DO NOT</b> wish to donate personal photographs of myself to be used for educational and/or research purposes. <input type="checkbox"/> I wish to donate personal photographs of myself to be used for educational and/or research purposes. <i>(Please remember to send/attach the photographs.)</i>
<b>Education and Research Involving Injury or Trauma</b>
<input type="checkbox"/> I <b>DO NOT</b> authorize NMU FROST/FARL to use my body for education and/or research involving injury or trauma. <input type="checkbox"/> I authorize NMU FROST/FARL to use my body for education and/or research involving injury or trauma.
<b>Donor Body Use by Other Institutions</b>
<input type="checkbox"/> I <b>DO NOT</b> authorize NMU FROST/FARL to transfer my body to another institution. <input type="checkbox"/> I authorize NMU FROST/FARL to transfer my body to another institution upon request/need.
<b>Brain Donation to Upper Michigan Brain Tumor Center</b>
<input type="checkbox"/> I <b>DO NOT</b> choose to donate my brain to the Upper Michigan Brain Tumor Center. <input type="checkbox"/> I choose to donate my brain to the Upper Michigan Brain Tumor Center.
<b>Donor Memorial Service</b>
<input type="checkbox"/> I <b>DO NOT</b> choose to be honored during the annual memorial service. <input type="checkbox"/> I choose to be honored during the annual donor memorial service but decline to provide a best point-of-contact for an invitation to the event. <input type="checkbox"/> I choose to be honored during the annual donor memorial service and the best point-of-contact for an invitation to the event is: Name _____ Address _____ Email _____ Relationship to you _____
<b>NMU Affiliation</b>
<input type="checkbox"/> I have no NMU affiliation. <input type="checkbox"/> I have NMU affiliation and I would like to be commemorated as a "Forever Wildcat." NMU Affiliation: <input type="checkbox"/> Alumnus/a <input type="checkbox"/> Current employee <input type="checkbox"/> Past employee <input type="checkbox"/> Other: _____
<b>Special Requests and Considerations</b>
<p>Please indicate any special requests you have regarding research that you would either like to be part of or would like to specifically avoid, or requests about your placement in our facility. We will do our best to accommodate your request, but we cannot make any guarantees.</p>          

***Please continue to next page.***



**Please print, complete, sign, and distribute one copy of this form to each:**

Original: NMU FROST/FARL (Donee)

Copies: Next-of-Kin | Physician/Attorney/Relative or Friend | Funeral Representative | Funeral Director

The **original copy** of this document may be sent to:

NMU FROST/FARL Body Donation Program  
 Department of Sociology & Anthropology  
 Northern Michigan University  
 1401 Presque Isle Avenue  
 Marquette, MI 49855

Upon the death of a donor, immediately call (906) 362-2307. This number is in operation 24 hours. The potential donor will be evaluated, and arrangements made for transport, after the donation is approved.

**\*\*Reminder\*\***

Only a licensed funeral director can legally file a death certificate in Michigan. Although the donation to NMU FROST/FARL is at no cost to the donor or the donor’s family, **there may be costs associated with funeral director services (even if there is no funeral or cremation planned), which may include transportation to the FROST/FARL facility.**

Please consider designating the NMU Forensic Research Outdoor Station for charitable donations in your memory. Any donations we receive will support our mission to advance research and undergraduate education in the forensic sciences. For more information about the research we conduct at NMU FROST/FARL, please visit our website at: [www.nmu.edu/frost](http://www.nmu.edu/frost).

OFFICE USE ONLY	
Location of Death	
<input type="checkbox"/> Residence <input type="checkbox"/> Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Other	
Date of Death (MM/DD/YYYY)	Time of Death (Military)
Location of Death: Address (Street, Apt/Suite, City, State, Zip)	
Pronounced by (Medical Professional)	
Date Pronounced (MM/DD/YYYY)	Time Pronounced (Military)
Verified by (NMU FROST/FARL Representative)	
Date Verified (MM/DD/YYYY)	Time Verified (Military)