



**NORTHERN MICHIGAN UNIVERSITY**  
CENTER FOR FORENSIC SCIENCE

Thank you for expressing interest in donating your loved one's body to the Northern Michigan University (NMU) Center for Forensic Science. 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.

The NMU Center for Forensic Science encompasses the Forensic Research Outdoor Station (FROST), the Forensic Anthropology Research Laboratory (FARL), and the Body Donation Program. These facilities and program together provide research and educational opportunities essential for training tomorrow's leaders in fields such as forensic anthropology, microbiology, biology, chemistry, criminal justice, and many others.

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), George Mason University (Fairfax, VA), Florida Gulf Coast University (Ft. Meyers, FL), and Florida's Forensic Institute for Research, Security, and Tactics (F1RST) (Pasco County, FL). Several other U.S. facilities are under development, and there are comparable facilities in Australia, Canada, and the Netherlands. All of these facilities specialize in research focused on *forensic taphonomy*, which refers to the study of all human and natural forces that affect 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; the information learned from these studies is often applied to cases involving unsolved deaths. Scientists explore questions related to how long 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 only U.S. facility located in a climate where winters are long, with extended periods of time when temperatures are below freezing, and there is no dry season. We are collaborating with other researchers nationally and internationally, and we are looking forward continuing to contribute to human 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 loved one's body upon 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 loved one's body to the NMU Center for Forensic Science. 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, (906) 362-2307 or by email at [frost@nmu.edu](mailto:frost@nmu.edu).

Kind Regards,

Carley Leanes, Coordinator  
NMU Body Donation Program  
Center for Forensic Science  
(906) 227-1144 | (906) 362-2307



## NEXT-OF-KIN DONATION PAPERWORK INSTRUCTIONS & CHECKLIST

Thank you for choosing to donate to the Northern Michigan University (NMU) Center for Forensic Science. Enclosed you will find several forms required for body donation. Please complete all of the attached forms, sign/initial them where indicated, make copies for your records. The forms can be scanned and emailed to [frost@nmu.edu](mailto:frost@nmu.edu) for immediate review.

This *Next-of-Kin Donation Packet* contains the following documents: *Next-of-Kin Donation Paperwork Instructions & Checklist* (3 pages), *Next-of-Kin Donation Policy Acknowledgement/Release Form* (5 pages), the *Next-of-Kin Donation Questionnaire* (8 pages), and the *Next-of-Kin Consent for Research Forms* (5 pages). The forms must be completed in their entirety and received by Northern Michigan University (NMU) Center for Forensic Science before a body donation can be approved.

For the purpose of this donation paperwork, “donor” refers to the deceased individual whose body is being donated to the NMU Center for Forensic Science.

- A handwritten signature is required by the donor’s legal next-of-kin on the *Next-of-Kin Donation Policy Acknowledgement/Release Form* and the *Consent for Research Forms*. In the case of multiple next-of-kin representatives who have similar relationship status to the donor (e.g. multiple siblings, children, grandchildren), handwritten signatures of each representative are required on all documents.  
**All similar-status legal next-of-kin must sign the documents.**
- The handwritten signatures of at least two (2) witnesses are required on the *Next-of-Kin Donation Policy Acknowledgement/Release Form* and the *Consent for Research Forms*. Those that are permissible as a witness must be at least 18 years of age and must **not** be next-of-kin to the donor, the donor’s family members, or employees or representatives of the NMU Center for Forensic Science.
- Once the donation paperwork is complete with all of the required signatures, the original should be mailed, hand-delivered or emailed to NMU Center for Forensic Science (along with a copy of the donor’s Driver’s License, any photographs and/or medical/dental records and images), and you should keep at least one copy for your records. If the donor and/or the family has been working with a funeral director, a copy should be given to that individual as well.

If you wish to donate the remains of a decedent who recently passed away to the NMU Center for Forensic Science, please call the NMU Center for Forensic Science at (906) 227-1144 or (906) 362-2307 or email us at [frost@nmu.edu](mailto:frost@nmu.edu) to discuss the possible donation. Acceptance or denial of the donation will be made over the phone or via email as quickly as possible. The *Next-of-Kin Policy Acknowledgement/Release Form*, the *Consent for Research Forms*, and as much of the *Next-of-Kin Donation Questionnaire* as possible must be completed immediately and emailed to the NMU Center for Forensic Science. After the completed and signed forms are received by the NMU Center for Forensic Science, and the body donation has been agreed to, the process for transporting the donor’s remains to the NMU Center for Forensic Science can begin.

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 a loved one’s remains to NMU the NMU Center for Forensic Science must work with a funeral director at some point during this process. **While there is no cost for donating a body to the NMU Center for Forensic Science, there may be costs associated with the funeral director’s services, including transportation to the Center for Forensic Science facility. All fees associated with the funeral director and transportation services are the responsibility of the donor’s family.**

#### Regarding the Consent for Research Forms

This section addresses specific research for which body donations may be used. By checking these boxes, you are indicating your choice for the type of research you authorize or do not authorize the NMU Center for Forensic Science to conduct involving the donor's body. You will be asked to select one option in each section. Please be sure to complete all of these sections.

#### Donor Memorial Service

This section asks whether you wish to be contacted regarding the annual donor memorial service, in which all donors whose remains have been accepted by our program 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' next-of-kin, and they are open to immediate family and/or close loved ones. There are options to attend the event in-person or to join a livestream via a secure URL. If you are interested in receiving communications regarding this event, you will be asked to provide a best point-of-contact here.

#### Newsletter

This section asks if you would like to receive a copy of our quarterly newsletter. The newsletter typically contains updates on our facilities and the associated research and educational programs.

#### NMU Affiliation

This section asks about the donor's 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 the donor remains to be involved (or which you would prefer to be avoided). This section also allows you to request particular body treatments (e.g., placement with particular clothing, object, etc.). The NMU Center for Forensic Science will do our best to meet these requests, within reason, but we cannot guarantee that all requests will be met.

## CHECKLIST

The following must be returned with all required signatures/initials, and must be fully completed in order for the NMU Center for Forensic Science Body Donation Program to be able to review and approve a body donation. Please use the checklist provided below to help you keep track of the items that must be returned to the NMU Center for Forensic Science.

NMU Center for Forensic Science *Next-of-Kin Donation Policy Acknowledgement/Release* (5 pages)

NMU Center for Forensic Science *Next-of-Kin Donation Questionnaire* (8 pages)

NMU Center for Forensic Science *Next-of-Kin Donation Consent for Research* forms (5 pages)

Medical/Dental Records

It is helpful to our research and educational missions to have complete, accurate data. If it is possible for you, as the donor's next-of-kin, to obtain the donor's medical and/or dental records (including x-ray images, pictures, etc.) from his/her primary care physician and/or dentist, we ask that you consider donating these to the NMU Center for Forensic Science along with the donation paperwork.

Photographs

We require that you send a color copy of the donor's Driver's License (or other government-issued photo ID) with the paperwork. Other 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 you are willing to provide/donate will be accepted). If you choose to donate photographs of the donor for educational and research purposes, please include the following, if available:

- At least two (2) recent neutral position facial photographs (e.g. passport or driver's license photo);
- At least one profile (side view) photograph, showing the ear, if possible;
- Photos from throughout the donor's life, including childhood through adulthood, photos showing different expressions, photos showing weight gain or loss, etc.

\*Please label all photographs with an approximate date or age (or age range). Facial photographs are not usable for training, education, or research if the age of the subject is unknown.

If you have any questions or concerns about the paperwork included in this packet, please contact the NMU Center for Forensic Science by calling (906) 227-1144, after hours at (906) 362-2307 or by emailing [frost@nmu.edu](mailto:frost@nmu.edu).



**NEXT-OF-KIN 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 provided is 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 Center for Forensic Science Body Donation Program at (906) 227-1144 or (906) 362-2307 or by emailing frost@nmu.edu. Research and teaching at the NMU Center for Forensic Science extend beyond the information included on this form. Photographs of our donor's 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 the donor's primary care physician and/or dentist and donating them to the NMU Center for Forensic Science along with this form.

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"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unsure Race/Ancestry: _____ Please provide your ancestors country/countries of origin, if known:		
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				
Is the donor related to anyone who has donated their body to NMU Center for Forensic Science 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 the donor:				
Spouse/Partner Identification				
Last Name	First Name	Middle Name	Maiden Name	
Donor's 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	
Father's Last Name	Father's First Name	Father's Middle Name	Parental Relationship: <input type="checkbox"/> Biological <input type="checkbox"/> Adoptive	
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>				
Was the donor 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 the donor 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 the donor be considered obese? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		For how many years?	Did the donor experience 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</b> (Please estimate to the best of your ability)				
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</b> (Please indicate where the donor has lived)				
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</b> (Please indicate the approximate year or age for each)				
Braces		Bridge	Upper Denture	Lower Denture
Dental Trauma				
Please describe the donor's 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</b> (Most recent dentist)				
First and Last Name		Phone Number	Practice	
Current Street Address and Apt/Suite			City	State   Zip

**Please continue to next page.**

<b>Medical History</b> (Please complete the table with any current or past conditions. Attach additional pages if necessary)				
<b>Condition</b> Check if Applicable	<b>Year of Onset</b>	<b>Year of Remission</b>	<b>Check if Ongoing</b>	<b>Treatment/Medications</b>
<input type="checkbox"/> ALS			<input type="checkbox"/>	
<input type="checkbox"/> Alzheimer's/Dementia (Type:_____)			<input type="checkbox"/>	
<input type="checkbox"/> Anemia			<input type="checkbox"/>	
<input type="checkbox"/> Ankylosing Spondylitis			<input type="checkbox"/>	
<input type="checkbox"/> Arthritis (Type:_____)			<input type="checkbox"/>	
<input type="checkbox"/> Bipolar Disorder			<input type="checkbox"/>	
<input type="checkbox"/> Cerebral Palsy			<input type="checkbox"/>	
<input type="checkbox"/> COPD/Emphysema			<input type="checkbox"/>	
<input type="checkbox"/> Coronary Artery Disease			<input type="checkbox"/>	
<input type="checkbox"/> Degenerative Disc Disease			<input type="checkbox"/>	
<input type="checkbox"/> Diabetes (Type:_____)			<input type="checkbox"/>	
<input type="checkbox"/> Digestive Disease (Type:_____)			<input type="checkbox"/>	
<input type="checkbox"/> DISH			<input type="checkbox"/>	
<input type="checkbox"/> Eating Disorder (Type:_____)			<input type="checkbox"/>	
<input type="checkbox"/> Ehlers-Danlos Syndrome (Type:_____)			<input type="checkbox"/>	
<input type="checkbox"/> Epilepsy/Seizure Disorder			<input type="checkbox"/>	
<input type="checkbox"/> Fibromyalgia			<input type="checkbox"/>	
<input type="checkbox"/> Generalized Anxiety Disorder			<input type="checkbox"/>	
<input type="checkbox"/> Hepatitis (Type:_____)			<input type="checkbox"/>	
<input type="checkbox"/> High Blood Pressure/Hypertension			<input type="checkbox"/>	
<input type="checkbox"/> High Cholesterol			<input type="checkbox"/>	
<input type="checkbox"/> HIV/AIDS			<input type="checkbox"/>	
<input type="checkbox"/> Lupus (Type:_____)			<input type="checkbox"/>	
<input type="checkbox"/> Major Depressive Disorder			<input type="checkbox"/>	
<input type="checkbox"/> MRSA (Location:_____)			<input type="checkbox"/>	
<input type="checkbox"/> Multiple Sclerosis (Location:_____)			<input type="checkbox"/>	
<input type="checkbox"/> Neuropathy			<input type="checkbox"/>	

*Please continue to next page.*



Medical History Continued.				
Condition Check if Applicable	Year of Onset	Year of Remission	Check if Ongoing	Treatment/Medications
<input type="checkbox"/> Osteomyelitis (Location: _____)			<input type="checkbox"/>	
<input type="checkbox"/> Osteoporosis/Osteopenia			<input type="checkbox"/>	
<input type="checkbox"/> Parkinson's Disease			<input type="checkbox"/>	
<input type="checkbox"/> Plague			<input type="checkbox"/>	
<input type="checkbox"/> Renal Failure			<input type="checkbox"/>	
<input type="checkbox"/> Stroke/TIA			<input type="checkbox"/>	
<input type="checkbox"/> Thyroid Disease (Type: _____)			<input type="checkbox"/>	
<input type="checkbox"/> Traumatic Brain Injury			<input type="checkbox"/>	
<input type="checkbox"/> Tuberculosis/TB			<input type="checkbox"/>	
<input type="checkbox"/> Other (Describe: _____)			<input type="checkbox"/>	

**Cancer History** – Please list any cancer diagnoses and the dates of any treatment. Attach additional pages as necessary.

Type	Date of Diagnosis	Date Range of Chemotherapy	Date Range of Radiation	Date of Surgery	Other Treatment	Date of Remission

**Non-Cancer Surgical History** – Please list any surgeries with dates. Include any amputations, joint replacements/prosthetics, open heart surgeries, pacemakers, and plastic surgeries. Attached additional pages as necessary.

Date	Body Location	Type of Surgery

*Please continue to next page.*

Fractures – Please list any bones fractured/broken and the date of the fracture/break. Attach additional pages as necessary.			
Date	Bone/Location	Left/Middle/Midline	Treatment
<b>Have you experienced any accidents that resulted in physical trauma?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date and any bone injuries.			
<b>Have you ever experienced a back/spinal injury?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date and nature of the injury.			
<b>Do you now, or have you ever, experienced limited mobility?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.			
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"/> 8-20 <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: _____	
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 the donor's medical history that may be important for us to know. Please either use the back of this form or attach supplemental pages/documents.			
<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.		
<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: _____

**Please continue to next page.**

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

**Donor Memorial Service**

- I (we) DO NOT choose to be contacted regarding the annual memorial service.
- I (we) choose to be contacted regarding the annual donor memorial service.

*The best point-of-contact for communications regarding this event is:*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Relationship to donor \_\_\_\_\_

**Newsletter**

- I, (we) DO NOT wish to receive a copy of the NMU Center for Forensic Science Department Newsletter.
- Yes, I, (we) would like to receive a copy of the NMU Center for Forensic Science Department Newsletter.

Email \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NMU Affiliation**

- The donor has no NMU affiliation.
- The donor has NMU affiliation and I (we) would like him/her to be commemorated as a "Forever Wildcat."  
NMU Affiliation:  Alumnus/a  Current employee  Past employee  Other: \_\_\_\_\_

**Special Requests and Considerations**

Please indicate any special requests you have regarding research that the donor may be part of or that we should specifically avoid, or requests about the donor's placement in our facility (e.g. burial, water, etc.). We will do our best to accommodate your request, but we cannot make any guarantees. Please note your requests will be accommodated based on feasibility, safety and integrity.

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

The information provided in this document is complete and correct to the best of my (our) knowledge.

Next-of-Kin*				
<input type="checkbox"/> I (we) am (are) aware that the decedent's remains will not be cremated or returned to the family.				
First Name		Last Name		Relationship to donor
Current Street Address and Apt/Suite			City	State   Zip
Phone 1		Phone 2		Email Address
Signature				Date

\* In situations where there is more than one next-of-kin (e.g. multiple children or siblings), please use the back of this form to complete the above information for all next-of-kin.

This *Questionnaire* was signed by the donor's next-of-kin, who appear(s) 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 2 Signature	Date
_____		_____	
Witness 1 Full Name (print)		Witness 2 Full Name (print)	
_____		_____	
Witness 1 Street Address		Witness 2 Street Address	
_____		_____	
Witness 1 City, State, Zip		Witness 2 City, State, Zip	
_____		_____	
Witness 1 Phone Number		Witness 2 Phone Number	

*Thank you for taking the time to complete this questionnaire.  
We sincerely appreciate your donation and commitment to supporting the future of forensic science research.*

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

Original: NMU Center for Forensic Science

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

The **original copy** of this document must be sent to:  
NMU Center for Forensic Science Body Donation Program  
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 the NMU Center for Forensic Science involves 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 NMU Center for Forensic Science facility**

Please consider designating the NMU Center for Forensic Science for charitable donations in your loved one's memory. Any donations we receive will support our mission to advance research and undergraduate education in the forensic sciences. For more information on how to give please call (906) 227-1144

For more information about the research we conduct at NMU Center for Forensic Science, please visit our website at: [www.nmu.edu/frost](http://www.nmu.edu/frost)



**NEXT-OF-KIN DONATION POLICY ACKNOWLEDGEMENT**

This document requires written initials in each of the blanks next to the below statements. Acknowledgements indicated by check marks, "X's," or any other symbols are not acceptable.

For the purpose of this donation paperwork, "donor" refers to the deceased individual whose body is being donated to the NMU Center for Forensic Science.

My (our) initials next to the following statements indicate my (our) acknowledgement of NMU Center for Forensic Science policies pertaining to the donation of a body by a donor's next-of-kin.

\_\_\_\_\_ I (we) am (are) the donor's legal next-of-kin. I (we) understand that in the case of multiple next-of-kin representatives, handwritten signatures on this form are required from each representative.

\_\_\_\_\_ I (we) am (are) aware that my (our) donation of the donor's body to NMU Center for Forensic Science is a forever donation and the body (whole or in part) will not be cremated or returned to the family or any other recipient.

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

Please 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 (we) understand that a body donation is not complete until the death record has been certified.

\_\_\_\_\_ I (we) understand that per Michigan law (MCL 333.2843), only a licensed funeral director can certify a death record.

\_\_\_\_\_ I (we) understand that I (we) may incur costs associated with a funeral director's services and that the NMU Center for Forensic Science is not responsible for covering those costs.

\_\_\_\_\_ I (we) understand that a funeral home or other transport company will be required to transport the donor's body to the NMU Center for Forensic Science facility (located at 1020 Wright Street, Marquette, MI 49855), and I (we) understand that I (we) am (are) responsible for transportation costs.

\_\_\_\_\_ I (we) understand that the NMU Center for Forensic Science cannot accept a donor's body as a donation if the individual 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).

\_\_\_\_\_ I (we) understand that the NMU Center for Forensic Science reserves the right to decline the donation at any time before the body is physically transferred to the NMU facility, and that completion of this paperwork does not guarantee the acceptance of a donor into the NMU Center for Forensic Science Program.

\_\_\_\_\_ I (we) understand that the NMU Center for Forensic Science cannot accept embalmed bodies or bodies weighing over 250 pounds.

\_\_\_\_\_ I (we) understand that if the NMU Center for Forensic Science is unable to accept the donor's body and declines the donation, I (we) must make other arrangements for the final disposition of the donor's body and the NMU Center for Forensic Science is not responsible for any costs associated with alternative arrangements.

\_\_\_\_\_ I (we) understand that if a donor's body either exceeds the maximum weight limit of 250 pounds or has a communicable disease or infection, the NMU Center for Forensic Science can accept the donation of the donor's body following cremation (without pulverization).

\_\_\_\_\_ I (we) understand that if cremation is necessary prior to donation, I (we) am (are) responsible for all arrangements and costs associated with cremation of the donor's body and that the NMU Center for Forensic Science cannot accept cremated remains that have been pulverized.

\_\_\_\_\_ I (we) understand that the NMU Center for Forensic Science 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 the NMU Center for Forensic Science and must approve of the transportation of a donor outside of the county of death prior to transport.

\_\_\_\_\_ I (we) understand that the initial review and notification of acceptance or denial of my (our) donation of the donor's body to the NMU Center for Forensic Science may take place via email or fax and that if the donation is accepted, I (we) must complete and return the original paperwork to the NMU Center for Forensic Science via USPS as soon as possible.

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

#### **NEXT-OF-KIN DONATION RELEASE**

Pursuant to the Revised Uniform Anatomical Gift Law, I (we) donate the donor's body as an unrestricted anatomical gift to Northern Michigan University (NMU) Center for Forensic Science or its designee to be used in the advancement of scientific education and research. I (we) hereby relinquish all rights and claims regarding the donor's body and all claims which I (we) have or may acquire for possession or the right to dispose of and deal with the donor's remains. I (we) direct that by accepting and using the donor's body for educational and research purposes and its subsequent disposition, neither the State of Michigan, nor Northern Michigan University, nor the Center for Forensic Science shall incur any liability and no manner of claim shall rise against the State of Michigan, Northern Michigan University, the Center for Forensic Science, their regents, employees, agents, and officers, or those involved in research or education associated with the aforementioned facilities.

In the case of multiple next-of-kin representatives who have similar relationship status to the donor (e.g. multiple siblings, children or grandchildren), printed name, contact information, relationship to donor, and handwritten signatures are required from each representative. Please add additional necessary next-of-kin signature(s) and contact information on the back of this form or on an additional page.

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

***(Please continue to next page for additional signatures)***

_____ 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 *Next-of-Kin Donation* forms were signed by the donor's next-of-kin, who appear(s) to be of sound mind and signed this document freely and without coercion in our presence and we, as attesting witnesses in the presence of each other sign this document. By serving as a witness, each individual below certifies that they are over the age of 18, they are not the donor's next-of-kin or family member, and they are not employees or representatives of the NMU Center for Forensic Science.

_____ 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, the NMU Center for Forensic Science 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. 10104. Subject to section 10108, an anatomical gift of a donor's body or body part may be made during the life of the donor for the purpose of transplantation, therapy, research, or education in the manner provided in section 10105 by any of the following:

- (a) The donor, if the donor is an adult or if the donor is a minor and meets 1 or more of the following requirements:
  - (i) Is emancipated.
  - (ii) Has been issued a driver license or identification card because the donor is at least 16 years of age.
- (b) An agent of the donor, unless the power of attorney for health care or other record prohibits the agent from making an anatomical gift.
- (c) A parent of the donor, if the donor is an unemancipated minor.
- (d) The donor's guardian.

Sec. 10105. (1) A donor may make an anatomical gift by doing any of the following:

- (a) By authorizing a statement or symbol indicating that the donor has made an anatomical gift to be imprinted on the donor's driver license or identification card.
- (b) In a will.
- (c) During a terminal illness or injury of the donor, by any form of communication addressed to at least 2 adults, at least 1 of whom is a disinterested witness. However, the physician who attends the donor during the terminal illness or injury shall not act as a recipient of the communication under this subdivision.
- (d) As provided in subsection (2).
- (e) By completing and filing a donor registry schedule created under section 474 of the income tax act of 1967, 1967 PA 281, MCL 206.474, with the state income tax annual return required under part 1 of the income tax act of 1967, 1967 PA 281, MCL 206.1 to 206.532.

(2) A donor or other person authorized to make an anatomical gift under section 10104 may make a gift by a donor card or other record signed by the donor or other person making the gift or by authorizing that a statement or symbol indicating that the donor has made an anatomical gift be included on a donor registry. If the donor or other person is physically unable to sign a record, the record may be signed by another individual at the direction of the donor or other person and shall meet all of the following requirements:

- (a) Be witnessed by at least 2 adults, at least 1 of whom is a disinterested witness, who have signed at the request of the donor or the other person.
  - (b) State that it has been signed and witnessed as provided in subdivision (a).
- (3) Revocation, suspension, expiration, or cancellation of a driver license or identification card upon which an anatomical gift is indicated does not invalidate the gift.
- (4) An anatomical gift made by will takes effect upon the donor's death whether or not the will is probated. Invalidation of the will after the donor's death does not invalidate the gift.

Sec. 10109. (1) Subject to subsections (2) and (3) and unless barred by section 10107 or 10108, an anatomical gift of a decedent's body or body part for purpose of transplantation, therapy, research, or education may be made by any member of the following classes of persons who is reasonably available, in the order of priority listed as follows:

- (a) An agent of the decedent at the time of death who could have made an anatomical gift under section 10104(b) immediately before the decedent's death.
- (b) The spouse of the decedent.
- (c) Adult children of the decedent.

- (d) Parents of the decedent.
- (e) Adult siblings of the decedent.
- (f) Adult grandchildren of the decedent.
- (g) Grandparents of the decedent.
- (h) An adult who exhibited special care and concern for the decedent.
- (i) The persons who were acting as the guardians of the person of the decedent at the time of death.
- (j) The persons assigned by the state of Michigan to authorize medical care for the decedent at the time of death, including public ward custodians, correctional or mental health facility personnel, or foster parents.
- (k) Any other person that has the authority to dispose of the decedent's body, including unidentified bodies, under section 3206 of the estates and protected individuals code, 1998 PA 386, MCL 700.3206.

(2) If there is more than 1 member of a class listed in subsection (1)(a), (c), (d), (e), (f), (g), or (i) entitled to make an anatomical gift, an anatomical gift may be made by a member of the class unless that member or a person to which the gift may pass under section 10111 knows of an objection by another member of the class. If an objection is known, the gift may be made only by a majority of the members of the class who are reasonably available.

(3) A person shall not make an anatomical gift if, at the time of the decedent's death, a person in a prior class under subsection (1) is reasonably available to make or to object to the making of an anatomical gift.

Sec. 10110. (1) A person authorized to make an anatomical gift under section 10109 may make an anatomical gift by a document of gift signed by the person making the gift or by that person's oral communication that is electronically recorded or is contemporaneously reduced to a record and signed by the individual receiving the oral communication.

(2) Subject to subsection an anatomical gift by a person authorized under section 10109 may be amended or revoked orally or in a record by any member of a prior class who is reasonably available. If more than 1 member of the prior class is reasonably available, the gift made by a person authorized under section 10109 may be amended or revoked as follows:

(a) Amended only if a majority of the reasonably available members agree to the amending of the gift.

(b) Revoked only if a majority of the reasonably available members agree to the revoking of the gift or if they are equally divided as to whether to revoke the gift.

(3) A revocation under subsection (2) is effective only if, before an incision has been made to remove a part from the donor's body or before invasive procedures have begun to prepare the recipient, the procurement organization, transplant hospital, or physician or technician knows of the revocation.



**TRANSFER AUTHORIZATION**

There will be times when research and educational institutions outside of NMU will have a need for donated whole-body human remains. This section enables you to choose whether or not you allow the NMU Center for Forensic Science to transfer use and/or curation of the whole-body donated remains to another institution upon their request/need. A donor will only be eligible for transfer to another institution if the appropriate box is checked and if there is a need. All requests for partial body transfers and requests to use donor remains for anything other than teaching or research are automatically denied by the NMU Center for Forensic Science.

Selecting "YES" below allows the NMU Center for Forensic Science to transfer the donor's remains to another institution for research. Selecting "NO" will not affect acceptance into the Body Donation Program.

Please initial next to your desire for the donor's participation.

\_\_\_\_\_ I consent for the donor to be considered for transfer to other educational  
YES NO institutions upon their request/need.

**UPPER MICHIGAN BRAIN TUMOR CENTER**

The Upper Michigan Brain Tumor 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.

Selecting "YES" below allows the donor's remains to be considered for the Upper Michigan Brain Tumor Center Donation Program. Selecting "NO" will not affect your acceptance into the Body Donation Program.

Please initial next to your desire for participation in this type of research.

\_\_\_\_\_ I consent to being considered for the Upper Michigan Brain Tumor Center donation  
YES NO program.

**DNA RESEARCH PROGRAM CONSENT**

Northern Michigan University (NMU) Center for Forensic Science is often asked to participate in human DNA research. Human genome sequencing (DNA) research is very important in forensic science to improve the identification process of unknown individuals. The NMU Center for Forensic Science takes all appropriate measures to protect the privacy of our donors and their families, however, DNA sequencing research could potentially identify the donor and family members. Please note that all DNA studies must be approved by the Director of the NMU Center for Forensic Science and must be reviewed by the University's Institutional Review Board.

Selecting "YES" below allows the NMU Center for Forensic Science staff to evaluate the donor's eligibility for this research after the legal body donation has been completed. Selecting "NO" will not affect acceptance into the Body Donation Program or participation in any other (non-DNA-related) research or education.

Please place your initials next to your desire for the donor's participation in this type of research.

\_\_\_\_\_ I consent to the donor being considered for human DNA research.  
YES NO

\_\_\_\_\_ I wish to be contacted regarding DNA research and results.  
YES NO

### TRAUMA RESEARCH PROGRAM CONSENT

The Northern Michigan University (NMU) Center for Forensic Science engages in a wide variety of research that benefits forensic science. Some of this research investigates the biomechanics of trauma inflicted upon the body. This allows us to better interpret skeletal conditions that are present in forensic cases. In addition, this research helps increase knowledge of the mechanisms of trauma so better equipment can be designed to protect first responders and military personnel. Please note that all trauma studies must be approved by the Director of the NMU Center for Forensic Science and be reviewed by the University's Institutional Review Board.

Selecting "YES" for any of the types of research below allows the NMU Center for Forensic Science staff to evaluate the donor's eligibility for this research after the legal body donation has been completed. Selecting "NO" will not affect acceptance into the Body Donation Program or participation any other (non-trauma-related) research or education.

Please initial next to the program or programs for which you wish the donor to be considered.

<input type="checkbox"/>	<input type="checkbox"/>	<b>Blunt Force Trauma</b> – Studies evaluate how bone responds to impacts by blunt instruments (e.g. bat, hammer), car accidents, or falls.
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Sharp Force Trauma</b> – Studies that evaluate marks and fractures left behind by sharp instruments, such as knives or saws.
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Projectile Trauma</b> – Studies that examine how bone responds to high velocity trauma, such as gunshots.
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Thermal Trauma</b> – Studies that examine the damage that occurs during exposure to high temperatures, such as fire or cremation.
YES	NO	

### DEMENTIA RESEARCH CONSENT

Because the rates of individuals with dementia, Alzheimer's disease, Parkinson's disease, multiple sclerosis, and other neurodegenerative diseases are increasing in the U.S., the Northern Michigan University (NMU) Center for Forensic Science may be asked to collaborate on epidemiological and neurological studies of our donors that furthers clinical research in these areas. In particular, such research may include the study of brain tissues of those with and without dementia-related illnesses. These studies may require removing the top portion of the skull after death in order to access the brain. Please note that all dementia-related studies must be approved by the Director of the NMU Center for Forensic Science and must be reviewed by the University's Institutional Review Board.

Selecting "YES" below allows the NMU Center for Forensic Science staff to evaluate the donor's eligibility for this research after the legal body donation has been completed. Selecting "NO" will not affect acceptance into the Body Donation Program or participation in any other (non-dementia-related) research or education.

Please initial next to your desire for the donor's participation in this type of research.

<input type="checkbox"/>	<input type="checkbox"/>	I consent to the donor being considered for dementia-related research.
YES	NO	

### IMAGERY RESEARCH PROGRAM CONSENT

The use of antemortem (before death) and postmortem (after death) images, photographs, videos, scans, radiographs, casts, 3D prints, and/or other representations of human remains that currently exist or are developed in the future are highly valuable for education and research purposes. These representations are important in improving identification techniques such as facial reconstruction and understanding body mechanics and disease progression. However, these images have the potential to include identifiable information about the person (e.g. the face, tattoos, birthmarks, etc.). These images may be used in education, publications, presentations and research. Please note that all education, research, presentations, and publications involving imagery must be approved by the Director of the NMU Center for Forensic Science and must be reviewed by the University's Institutional Review Board.

Selecting "YES" below will allow the NMU Center for Forensic Science staff to evaluate the donor for inclusion in education, publications, presentations and research that include potentially identifiable images and representations of donated human remains. Selecting "NO" will not affect acceptance into the Body Donation Program or participation in any other (non-image/visual representation-related) research or education.

Please initial next to your desire for the donor's participation in this program.

\_\_\_\_\_      \_\_\_\_\_ I consent to the use potentially identifiable images or other visual representations of  
YES              NO the donor's face and/or body to be used for education, publications,  
presentations and research.

### PHOTOGRAPHY CONSENT FORM

Photographs of our donors during life (donated) and after death (collected during research) may 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 procedures for using facial recognition systems and facial image comparison methods in the law enforcement community, which are used for criminal justice and security purposes.

Selecting "YES" below you agree to provide the NMU Center for Forensic Science with photos of the donor throughout their life and understand that they may potentially be viewed/used by collaborators from other institutions for education and research purposes only. Selecting "NO" will not affect acceptance into the Body Donation Program or participation in any other (non-facial-image-related) research or education.

Please initial next to your desire for the donor's participation in this program.

\_\_\_\_\_      \_\_\_\_\_ I consent to providing the NMU Center for Forensic Science with photos of  
YES              NO the donor during life and understand they may potentially be shared with other  
institutions for educational and research purposes only.

### WATER RESEARCH CONSENT

Northern Michigan University (NMU) Center for Forensic Science may participate in human taphonomy research involving submersion in water. Human taphonomy research in large bodies of water, especially deep, cold water, is very important in forensic science to improve our understanding of what happens to remains when they are submerged in water. Research questions on this topic are driven by the issues frequently faced by search and rescue/recovery teams who respond when a person goes missing in the lakes within and surrounding Michigan. These studies require the body to be submerged in water for a period of time. The NMU Center for Forensic Science takes all appropriate measures to protect our donors; however, despite the best efforts of the NMU Center for Forensic Science staff to safeguard against them, there may be acts of nature that affect the condition of the donor's body (including but not limited to scavenger activity and significant water activity that result in physical damage or loss of some or all of the body).

Please note that all water research conducted must be approved by the Director of the NMU Center for Forensic Science and must be reviewed by the University's Institutional Review Board.

Selecting "YES" below allows the NMU Center for Forensic Science staff to evaluate a donor's eligibility for this research after the legal body donation has been completed. Selecting "NO" will not affect acceptance into the Body Donation Program or participation in any other (non-water-related) research or education.

Please place your initials next to your desire for the donor's participation in this program.

\_\_\_\_\_ I consent to the donor's body being considered for use in research involving  
YES                      NO                      Water Research.

If you selected "YES", please place your initials next to **ONE** of the following options:

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

I (we) have read and understand the above policies regarding the *Research Consents* and the donation of a decedent's remains to the NMU Center for Forensic Science. *Please add additional necessary next-of-kin signature(s) and contact information on the back of this form.*

\_\_\_\_\_  
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

***(Please see the next page for witness signatures.)***

This *Next-of-Kin Research Forms* were signed by the donor's Next-of-Kin, who appear(s) to be of sound mind and signed this document freely and without coercion in our presence and we, as attesting witnesses in the presence of each other sign this document. By serving as a witness, each individual below certifies that they are over the age of 18, they are not the donor's next-of-kin or family member, and they are not employees or representatives of the NMU Center for Forensic Science.

\_\_\_\_\_  
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