



Wake Forest University School of Medicine

Center for Experiential & Applied Learning/Whole Body Donation
336-716-4369 | bodydonationAHWFB@advocatehealth.org

24 hour availability for contact at the time of death:

Overnight/weekends: **336-716-2011**

Office hours [M-F 8a-5p]: **336-716-4369**

2025 RESOURCE FOR WHOLE BODY DONATION

Thank you so much for your willingness to make a profound and positive difference in healthcare for North Carolina!

The following steps outline the process to authorize donation:

- Notify our program at the time of death [24 hour availability]
- Ensure that healthcare staff is in contact with our program to verify details
- Submit signature from the legal next of kin to authorize donation
- No pre-registry or prior contact is required

Whole body donors to North Carolina's in-state medical schools contribute in a powerful way to the **training of healthcare providers who serve patients in our local and regional facilities, improving and innovating care** toward better outcomes for our friends, family and neighbors. We very much appreciate your time to review procedures with intended donation to the School of Medicine.

To best prepare in advance to proceed with donation when a death occurs, review this information and ensure that healthcare staff and any pre-need funeral contacts have access to 24-hour phone numbers for our on-call staff. When we receive notification that a death has occurred, we will review circumstances surrounding the death with healthcare personnel and verify contact with individual(s) who are authorized to proceed with disposition of the body per NCGS 130A-420(b).

At the time we receive contact for donation, we will require permission from the legal next of kin in order to proceed. The Declaration of Consent form (see attached) records this signature and is the **only document required with donation to the medical school**. In most cases, the signature of consent is processed electronically at the time of donation.

If you do not have legal next of kin, it is a good idea to assign Health Care Power of Attorney ["HCPOA"] to a friend or family member. Sharing this information with your healthcare provider(s) will ensure that your assigned representative is able to carry out your wishes at the time of your death. For questions, call 336-716-4369.

Please know that we are **grateful for the generosity in your consideration.**

Whole body donors to in-state medical schools improve provider training toward better outcomes for North Carolina patients and families, advancing health and healthcare in our state.

Thank you sincerely for your time to review procedures for intended donation.

More info available at <https://school.wakehealth.edu/whole-body-donation>.



**Wake Forest University**
School of Medicine

Center for Experiential & Applied Learning/Whole Body Donation
1 Medical Center Blvd, Winston-Salem, North Carolina 27157-1040
336-716-4369 | 336-716-2447 (fax) | bodydonationAHWFB@advocatehealth.org

Signature on this form grants permission to release the decedent to Wake Forest University School of Medicine and authorizes delivery or dispersal of the cremated remains as directed.

SIGNATURE ON THIS FORM MUST NOT BE DATED PRIOR TO THE DEATH OF THE DONOR.

This form is only valid when signed by the legal next of kin AFTER death has occurred.

The following steps are required to process an anatomical donation:

1. Signature on this release form must be processed by the **legal next of kin**. This is a specific designation outlined by statute in the State of North Carolina. Where there are multiple siblings, additional signatures may be required.
2. Prior to authorizing donation, our staff will qualify condition by telephone with authorized healthcare personnel. For contact during operating hours (8:00 AM – 5:00 PM, M-F), please call **336-716-4369**. Outside those hours, please contact **336-716-2011** and request that the operator page on-call staff for whole body donation.
3. Upon qualifying assessment with healthcare personnel, the next of kin is financially responsible for transport to our facility. With contact after hours, arrangement for transport must include appropriate storage until scheduled delivery. *On-call staff may provide assistance to identify a transport/funeral service able to manage both transport and overnight storage.*
4. PLEASE REMOVE AND SECURE ALL PERSONAL PROPERTY. Only cremated remains will be returned by our program.
5. The following information is requested prior to confirming or receiving a scheduled delivery:

Information to Identify Donor:

(First Name)		(Middle Name)		(Last Name)		(Suffix) <input type="checkbox"/> JR <input type="checkbox"/> SR
(Date of Birth)	(Date of Death)	(Sex)	(Social Security Number)	(Marital status – please check one) <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> LEGALLY SEPARATED		(Number of surviving children)
(Name of facility where death occurred <u>OR</u> address of private residence where death occurred)				(With death outside a medical facility, <u>please identify hospice or primary care provider</u>)		

6. Cremation will not incur cost to the family. WFUSM will return the cremated remains as directed below:

***DO YOU WISH TO RECEIVE RETURN OF THE CREMATED REMAINS? (PLEASE ENTER "YES" OR "NO" IN THIS BOX:)** ☐

Requested Delivery Address for Return of the Cremated Remains:

(Name of Recipient or Funeral Home Receiving Cremated Remains)	(Phone Number for Recipient)
(Mailing Address – please include street name and number, city, state and zip code)	

In the event of a delivery failure, WFUSM will attempt contact with the legal next of kin. After a period of 12 months, cremated remains will process for dispersal according to state regulations

1. The following section must be completed by a party recognized by the State of North Carolina to hold authority. **Witness** signature must be provided by a person unrelated by blood or marriage. For questions, call 336-716-4369.

Authorized Signature(s) from Legal Next of Kin and Witness (Healthcare and/or funeral service professionals may serve as witness):

(PRINTED NAME OF SIGNATORY)	(Signature)	(Date)
RELATIONSHIP TO DONOR: <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> CHILD* (please complete attestation @ right) <input type="checkbox"/> SIBLING* (please complete attestation at right) <input type="checkbox"/> HCP/A** (please complete attestation at right) <input type="checkbox"/> SPECIFY OTHER RELATIONSHIP:	*WITH SIGNATURE BY ONE OF MULTIPLE CHILDREN OR SIBLINGS TO THE DONOR: <input type="checkbox"/> If signatory is a CHILD of the donor, signatory confirms that <u>all surviving children of the donor agree to donation</u> <input type="checkbox"/> If signatory is a SIBLING to the donor, signatory confirms that <u>all surviving siblings of the donor agree to donation</u> **WITH SIGNATURE BY HCP/A: <input type="checkbox"/> If signatory is named HCP/A, signatory confirms that <u>HCP/A agreement includes specific authority for disposition of the remains</u>	
(Contact information for signatory – please include street name and number, city, state and zip code)		EMAIL
		PHONE
(PRINTED NAME OF WITNESS)	(Signature of Witness)	(Date)
(Healthcare facility or funeral service that employs witness in this context/Residence address for personal contact)		(Facility phone number/Phone contact for personal witness)

Thank you for your support of medical education through whole body donation. Please retain this form as your record of disposition. You may contact with any questions to 336-716-4369.



every
body gives
hope