

GENERAL INFORMATION SHEET

Donor Information Full Name _____
Last First Middle Maiden Name

Also Known As (AKA), if any _____
Last First Middle Maiden Name

Mailing Address: _____ County _____
Street Address Apt # P O Box City/Municipality State Zip Code

If your residence lies within a Township, list the Township _____ County _____
Name of Township

Telephone (_____) _____ - _____ Social Security Number _____ - _____ Sex M F
Area Code

Date of Birth ____/____/____ Place of Birth _____
City & State OR City & Foreign Country

Education: (Highest degree or level of school completed at time of death)

- Grade 8 or less Grade 9-12, no diploma High School graduate or GED
 Some college credit, no degree Associate degree (AA, AS) Bachelor's degree (BA, AB, BS)
 Masters degree (MA, MS, MEd, MSW) Doctorate (PhD, EdD or Professional degree (MD, DDS, JD)

Race: White Black or African American American Indian or Alaska Native
(Enrolled or principle tribe) _____

- Asian Indian Filipino Korean Chinese Japanese Vietnamese
 Other Asian (Specify) _____ Native Hawaiian Guamanian or Chamorro
 Samoan Other Pacific Islander (Specify) _____ Other (Specify) _____

Of Hispanic origin? YES NO - **If YES, specify** Yes, Mexican, Mexican American, Chicano
 Yes, Puerto Rican Yes, Cuban Yes, Other Spanish/Hispanic/Latino (Specify) _____

U.S. Armed Forces YES NO If YES, from _____ to _____ War/Conflict _____

Employment *Even if Retired,* _____ In what kind of business
List PRIMARY lifetime occupation _____ or Industry _____

Name and Address
of this PRIMARY employer _____
City and State

Current Marital Status:

Please check ONE option: Single/Never Been Married Married Widowed Divorced Separated

Complete Only if currently married

Name of Spouse/Partner (Maiden name should be name given at birth or on Birth Certificate)

_____ Last First Middle Maiden Name

Are you Presently Registered in a Domestic Partnership Yes No

Are you Presently Registered in a Civil Union Partnership Yes No

Parent Information - EVEN IF DECEASED, PLEASE LIST all information requested

Father's Name _____
Last First Middle

Mother's Name, *w/Maiden name* _____
Last First Middle Maiden Name

Secondary Contact Person -

other than the person listed
on your bequeathal form

I agree to cover the transportation cost not covered by the estate or donor family

_____ Last First Relationship to Donor

Complete Address and phone _____
Street Address City State Zip (Area Code) Telephone

Medical Questions

Stature: Height _____ Weight _____ Do you presently have a pacemaker? YES NO

If FEMALE, have you had a hysterectomy? YES NO

Miscellaneous

When our medical school holds its annual memorial service,
would you welcome an invitation to your family? YES NO

RETURN THIS FORM WITH BEQUEATHAL FORM 02/2017