## **GENERAL INFORMATION SHEET**

Donor Information Full Name					
	Last	First	Middle		Maiden Name
Also Known As (AKA), if any					
Residence Address:	Last	First	Middle	_ County	Maiden Name
Street Address Apt # P O B	ox City/Munici	pality State	e Zip Code		
If your residence lies within a <i>Township</i> ,	list the Townsh	ip Name	of Township	_ County _	
Telephone ()     -     S       Area Code     Place of	Social Security	Number	<u> </u>		Sex IM IF
Birth/ Birth Birth	State OR City &	Foreign Country			
	-	-			
Education: (Highest degree or level of sch	ool completed	ut time of death	<u>(1)</u>		
Grade 8 or less Grade 9-12, no	diploma	High School g	graduate or G	ED	
□ Some college credit, no degree □	Associate degre	e (AA, AS)	Bac	helor's deg	ree (BA, AB, BS)
□ Master's degree (MA, MS, MEd, MSW)	Doctor	ate (PhD, EdD	or Profession	al degree (N	AD, DDS, JD)
<b><u>Race:</u></b> White Black or African A		merican India Enrolled or prii			
Asian Indian Filipino	Korean	Chinese	Japanese	Vietnan	nese
Other Asian (Specify)		□ Native	e Hawaiian	Guama	nian or Chamorro
□ Samoan □ Other Pacific Islander (	Specify)		Oth	er (Specify)	
<u>Of Hispanic origin?</u> □YES □NO - <u>If</u> □ Yes, Puerto Rican □ Yes, Cu		·			
<u>U.S. Armed Forces</u> <b>UYES DNO</b> If M	'ES, from	to	Nam	e War/Conf	flict
<u>Employment</u> - <u>if Retired (list past employment</u> - <u>if Retired (list past employment</u> )			In what kind or Industry _		
Name and Address of this PRIMARY employer	me, Address. City ar	nd State			
1144	,				

Please check ONE of	ption: 🛛 Single	e/Never Married 🗆			l 🗌 Divorce	ed 🛛 Separated
Only if currently Mar	<u>ried</u>					
Name of Spouse/Par		ne should be name	given at birt	th or on Birth	Certificate)	
	Last	First		Middle	R	Maiden Name
Are you Presently Ro	egistered in a Do	mestic Partnership	)		□ No	
Are you Presently R	egistered in a Civ	vil Union Partnersl	nip	□ Yes	□ No	
Parent Information -	– <u>LIST EVEN IF</u>	<u>DECEASED</u> , PLF	CASE LIST	all informati	on requested	
Father's Name	Last	First		Middle		
Mother's Name, <i>w/M</i>		11.50				
within s manne, w/m		Last Fi	rst	Middle	Maiden	Name
<u>Medical Questions</u>						
Statura, Unight			_		nacomalzor?	$\Box$ YES $\Box$ NO
Stature: neight		nt		esently have a	pacemaker :	
Stature: neight		nt ave you had a hyster		-	patemaker :	
Do you have or have h	<u>If FEMALE</u> , ha ad any Radioactive	ave you had a hyster e Implants? □YES	ectomy?	YES 🗆 NO	at year?	
Do you have or have have have have have have have or have have below	<u>If FEMALE</u> , ha ad any Radioactive v if you have had	ave you had a hyster e Implants? □YES or suffered from a	ectomy? [] ` [] NO any of the fo	YES 🗌 NO If Yes, what ollowing:	at year?	
Do you have or have h	<u>If FEMALE</u> , ha ad any Radioactive v if you have had irus 🗆 Hepatitis B 🗆	ave you had a hyster e Implants? □YES or suffered from a Hepatitis C □ Creutz	ectomy?	YES □ NO If Yes, wh: bllowing: sease □ MRSA	at year?	Diff □ Tuberculosis
Do you have or have have have have have indicate below	I <u>f FEMALE</u> , ha ad any Radioactive v if you have had irus  Hepatitis B  Rabies  Malaria	ave you had a hyster e Implants?	ectomy?	YES DNO If Yes, what bllowing: sease DMRSA Syphilis DQ	at year? CRPA D C-L Fever D Yellow	Diff □ Tuberculosis
Do you have or have have have have indicate below HIV-AIDS Coronav Smallpox Anthrax	If FEMALE, ha ad any Radioactive v if you have had irus  Hepatitis B Rabies  Malaria  vers  Toxoplasmosi	ave you had a hyster e Implants?	ectomy?	YES DNO If Yes, what bllowing: sease DMRSA Syphilis DQ	at year? CRPA D C-L Fever D Yellow	Diff □ Tuberculosis
Do you have or have have have have indicate below HIV-AIDS Coronav Smallpox Anthrax C Viral Hemorrhagic Fev If any are checked al	If FEMALE, ha ad any Radioactive v if you have had irus  Hepatitis B Rabies  Malaria vers  Toxoplasmosi bove, please indic	ave you had a hyster e Implants?	ectomy? NO NO Any of the for feldt-Jakob Di ase Plague aremia Ader nosis ts annual m	YES DNO If Yes, what bllowing: sease DMRSA Syphilis Q novirus DHerpo memorial serv	at year? □ CRPA □ <i>C-I</i> Fever □ Yellow es ice,	Diff □ Tuberculosis
Do you have or have have have have indicate below HIV-AIDS Coronav Smallpox Anthrax C Viral Hemorrhagic Fev	If FEMALE, ha ad any Radioactive v if you have had irus  Hepatitis B Rabies  Malaria  vers  Toxoplasmosi bove, please indic When our med would you wel	ave you had a hyster e Implants?	ectomy? NO NO Any of the for feldt-Jakob Di ase Plague aremia Ader nosis ts annual m	YES DNO If Yes, what bllowing: sease DMRSA Syphilis Q novirus DHerpo memorial serv	at year? □ CRPA □ <i>C-I</i> Fever □ Yellow es ice,	Diff □ Tuberculosis
Do you have or have have have have indicate below Do you have or have have have HIV-AIDS Coronav Smallpox Anthrax Coronav Viral Hemorrhagic Few If any are checked al <u>Miscellaneous</u>	If FEMALE, ha ad any Radioactive v if you have had irus  Hepatitis B Rabies  Malaria  vers  Toxoplasmosi bove, please indic When our med would you wel	ave you had a hyster e Implants? YES or suffered from a Hepatitis C Creutza Meningococcal Dise is Disseminated Tula cate date(s) of diag	ectomy? NO NO Any of the for feldt-Jakob Di ase Plague aremia Ader nosis ts annual m	YES   NO If Yes, what bllowing: sease   MRSA   Syphilis   Q novirus   Herpon memorial serve mily?   YE	at year? □ CRPA □ <i>C-I</i> Fever □ Yellow es ice,	Diff □ Tuberculosis
Do you have or have have have have indicate below  HIV-AIDS Coronav  Smallpox Anthrax  Viral Hemorrhagic Fev If any are checked al <u>Miscellaneous</u> <u>Secondary Contact Pa</u> other than the person I on your Bequeathal Fo Last Complete Address	If FEMALE, ha ad any Radioactive v if you have had irus  Hepatitis B Rabies  Malaria  vers  Toxoplasmosi bove, please indic When our med would you wel	ave you had a hyster e Implants? YES or suffered from a Hepatitis C Creutza Meningococcal Dise is Disseminated Tula cate date(s) of diag	ectomy? NO Any of the for feldt-Jakob Di ase Plague aremia Ader nosis ts annual many of the your far	YES   NO If Yes, what bllowing: sease   MRSA   Syphilis   Q novirus   Herpon memorial serve mily?   YE	at year? CRPA C-L Fever C Yellow es ice, S C NO	Diff □ Tuberculosis
Do you have or have have have indicate below Description of the second	If FEMALE, ha ad any Radioactive v if you have had irus  Hepatitis B Rabies  Malaria  vers  Toxoplasmosi bove, please indic When our med would you wel	ave you had a hyster e Implants? YES or suffered from a Hepatitis C Creutza Meningococcal Dise is Disseminated Tula cate date(s) of diag	ectomy? NO Any of the for feldt-Jakob Di ase Plague aremia Ader nosis ts annual many of the your far	YES   NO If Yes, what bllowing: sease   MRSA   Syphilis   Q novirus   Herpon memorial serve mily?   YE	at year? CRPA C-L Fever C Yellow es ice, S C NO	Diff □ Tuberculosis
Do you have or have have have have indicate below  HIV-AIDS Coronav  Smallpox Anthrax  Viral Hemorrhagic Fev If any are checked al <u>Miscellaneous</u> <u>Secondary Contact Pa</u> other than the person I on your Bequeathal Fo Last Complete Address	If FEMALE, ha ad any Radioactive v if you have had irus    Hepatitis B      Rabies    Malaria    vers    Toxoplasmosi bove, please indic When our mee would you wel	ave you had a hyster e Implants? ☐YES or suffered from a d Hepatitis C ☐ Creutzt d Meningococcal Dises is Disseminated ☐ Tula cate date(s) of diag dical school holds i come an invitation	ectomy? NO Any of the for feldt-Jakob Di ase Plague aremia Ader nosis ts annual management to your far elationship to Do	YES   NO If Yes, what ollowing: sease   MRSA Syphilis   Q novirus   Herpon nemorial serve nily?   YE	at year? CRPA C- <i>L</i> Fever Yellow s ice, S NO il Address ( )	Diff [] Tuberculosis

## **RETURN THIS FORM WITH BEQUEATHAL FORM** 4/2025