GENERAL INFORMATION SHEET

Donor Information **Full Name** _____
Last First Middle Maiden Name

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

Residence
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)***

☐ ***Master's 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**_____ **Name War/Conflict** _____
If YES**, please provide a copy of your DD Form 214 or equivalent**

Employment **-** ***if Retired (list past employment):***
List PRIMARY lifetime occupation _____ **In what kind of business or Industry** _____

Name and Address of this PRIMARY employer _____
Name, Address, City and State

PLEASE TURN FORM OVER AND COMPLETE OTHER SIDE →→→→→→→

Current Marital Status:

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

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 – *LIST 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

Medical Questions

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

***If FEMALE*, have you had a hysterectomy? ☐ YES (☐ Partial ☐ Total) ☐ NO**

Are you currently receiving hormone therapy or other gender-affirming medical care? ☐ Yes ☐ No ☐ Prefer not to answer

Do you have a history of any major operations? If Yes, what year? _____ Brief Description:_____

_____

Do you have or have had any Radioactive Implants? ☐ YES ☐ NO If Yes, what year? _____

Please indicate below whether you have ever been diagnosed with any of the following:

☐ HIV-AIDS ☐ Coronavirus ☐ Hepatitis B ☐ Hepatitis C ☐ Creutzfeldt-Jakob Disease ☐ MRSA ☐ CRPA ☐ *C-Diff* ☐ Tuberculosis
☐ Smallpox ☐ Anthrax ☐ Rabies ☐ Malaria ☐ Meningococcal Disease ☐ Plague ☐ Syphilis ☐ Q Fever ☐ Yellow Fever ☐ Typhoid Fever
☐ Viral Hemorrhagic Fevers ☐ Toxoplasmosis Disseminated ☐ Tularemia ☐ Adenovirus ☐ Herpes

If any are checked above, please indicate date(s) of diagnosis_____

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

Secondary Contact Person **- other than the person listed on your Bequeathal Form**

_____

Last First Relationship to Donor Email Address

Complete Address and phone _____ ( )

Street Address City State Zip Area Code Telephone

Signature of Secondary Contact: _____ Date: _____

RETURN THIS FORM WITH BEQUEATHAL FORM 1/2026