ORGANS, TISSUE AND FULL BODY DONATION FORM FOR TEACHING AND RESEARCH

The declarant _____, age _____ years old, carrier of the identification document number_____, citizenship _____, marital status _____, occupation _____, who lives in (full address including Province and Canton) _____ _____, phone number _____, DECLARES: That once deceased, it is my will, freely given, to donate my body to the School of Medicine of the University of Costa Rica for it to be use for academic and research purposes in it's fullness, until the University so define it, and to give my body the final destination that the University determines (incineration, mass grave, bone collection, plastination or specific dissections). The above, in the following manner and in the presence of two witnesses:
(**X**) Full Body Donation
Donor Signature: _____.
Date: _____ . Location_____.

Witness Affidavit (*sworn declaration***):**
1. The declarant _____, age _____ years old, carrier of the identification document number_____, citizenship _____, marital status _____, occupation _____, who lives in (full address including Province and Canton) _____ _____, phone number _____. Understanding the penalties provided in the Penal Code for the crime of false testimony, and knowing the value and transcedence of my manifestations, DECLARE UNDER OATH: That the present act or BODY DONATION was agreed and signed under my presence by the donor, who is in full intellectual capacity at the moment of the signing.
Signature of witness: _____.Date: _____, at _____.

2. The declarant _____, age _____ years old, carrier of the identification document number_____, citizenship _____, marital status _____, occupation _____, who lives in (full address including Province and Canton) _____ _____, phone number _____. Understanding the penalties provided in the Penal Code for the crime of false testimony, and knowing the value and transcedence of my manifestations, DECLARE UNDER OATH: That the present act or BODY DONATION was agreed and signed under my presence by the donor, who is in full intellectual capacity at the moment of the signing.
Signature of witness: _____.Date: _____, at _____.

What to do with the form?

- Read the form carefully, I case of any doubt you can contact PRODOCU by the means written at the bottom of this page.
- Find two people you trust, of legal age, to be your witnesses.
- Print it, it could be black and white or in colors.
- Fill it out, with clear hand writting.
- Don’t forget the signatures.
- Scan the document once it’s completly filled
- Scan your ID, that of the person whose body you’re donating, and of both witnesses.
- Send it by email to prodocu.em@ucr.ac.cr