

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: ☐ Never Been Married ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

*Only if currently
Married, spouse*

Last First Middle Maiden Name

Are you Presently Registered in a Domestic 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

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

07/2013