

SUPPLEMENTARY INFORMATION ABOUT DONOR

Please complete and return to the Anatomical Donations Program. This information is required for the completion of the death certificate.

Full Name: _____ Date: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Social Security No. _____ Phone No. _____

Date of Birth: _____ City and State of Birth: _____

Sex: _____ Race: _____ Hispanic decent: _____

Current height: _____ Current weight: _____ Resident of New Mexico since: _____

Single: _____ Married: _____ Divorced: _____ Widowed: _____

If married give: _____ or _____
Wife's maiden name Husband's full name

Father's full name (even if deceased): _____

Mother's full maiden name (even if deceased): _____

Highest level of Education completed: _____ Employed By: _____

Usual Occupation (before retirement): _____

If a Veteran, name of war, branch and rank: _____

Service Serial # _____

***A contact that will be handling your affairs after you are gone
(you may list additional family/friends on back)

Name: _____ Relationship: _____

Address: _____ Phone: _____

Final Disposition (check one)

Cremation & UNM to entomb

Cremation & return ashes

Cremated remains to be returned to:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Address: _____