SUPPLEMENTAL INFORMATION FORM
Anatomical Donor Program

Please provide the following information. If an item is not known, please write UNKNOWN.

This information will assist the Anatomical Donor Program in completing paperwork required by the State of Maine for the Department of Human Services and Veterans Administration. It will also provide information that might benefit the study of the anatomical material.

Be assured that information released to the Anatomical Donor Program will be kept in the strictest confidence and used for the purposes mentioned above.

Name:_____ Sex:_____

Address:_____
                Street   City   County State   Zip code

Date of Birth:_____   Place of Birth:_____
             (mm/dd/yyyy)   (City,State)

Citizenship:_____   Education:_____
                          (Elementary/Secondary, College)

Ancestry:_____   Race:_____
    (French, English, Spanish, etc.)   (white, black, American Indian, etc.)

Height:_____   Weight:_____
          (feet, inches)   (pounds)

Veteran:___   Military Branch _____   Dates in service:_____
    (Y or N)

Marital Status (circle one):   married   never married   widowed   divorced

Please give name of most recent spouse:_____
(maiden name of wife or husband's name) Please fill in even if deceased or divorced

Smoker:_____   Number of Years:_____
    (Y or N)

Donor's occupation (be specific: teacher, nurse, lathe operator, mechanic, etc.)

_____
               (if retired, indicate occupation prior to retirement)

Place of Occupation (be specific: elementary school, hospital, factory, etc.)

_____

Donor's Social Security Number:_____

Father's Full Name:_____
                      (even if deceased)

Mother's Full **Maiden** Name:_____
                      (even if deceased)

Please notify us of any changes to donor information