

GENERAL DISTRIBUTION

**WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION**

NUMBER: 456.03

EFFECTIVE DATE: 16 May 2022

SUBJECT: HUMAN GIFT REGISTRY

POLICY DIRECTIVE

PURPOSE:

To provide an opportunity for an inmate to donate his/her human remains to a Human Gift Registry Program in West Virginia.

REFERENCE:

None.

RESPONSIBILITY:

No additional written instructions on this subject are required.

CANCELLATION:

Any previous written instruction on the subject including DOC Policy Directive 456.03, dated 01 July 2011.

APPLICABILITY:

All facilities within the Division of Corrections and Rehabilitation (DCR) that have custody of adult inmates. This Policy is available for general distribution and shall be made available for inmate review upon the effective date.

DEFINITIONS:

Human Gift Registry: To donate one's human remains to the health sciences. After death, the body can become a gift of life given to others for formal medical training of health care professionals in the detailed study of human anatomy or for research to enable scientists to make new discoveries.

POLICY:

- I. The Human Gift Registry Programs of Marshall University, West Virginia School of Osteopathic Medicine, and West Virginia University are operated under the authority and oversight of the West Virginia Anatomical Board. The body donation program in West Virginia was developed to serve educational and research needs of the state and region. Most bodies will be used at one of the three (3) major medical institutions in West Virginia (Marshall, WVSOM and WVU). Some may be used at other locations affiliated with these schools or served by their faculty, or by approved programs in other states or countries that have need for them.
 - A. No inmate will be compelled to become involved in any Human Gift Registry program.
 - B. The donation process is simple and may be made by an individual at any time prior to death.
 - C. Anyone eighteen (18) years or older may register as a donor. However, the Human Gift Registry is under no obligation to accept any gift and may, in its discretion, decline a donation at the time of death. Certain medical or physical conditions can prevent acceptance of a donation.
 - D. Donating one's body does not require an attorney's services, nor must the intention to donate be included in a will.
 - E. No expense is incurred by the donor or survivors.
 - F. After the remains are used for medical study, the body will be cremated. The ashes may be returned to the family or a designated recipient if the donor prefers or the ashes will be interred at a designated memorial vault near the donation site.
 - G. Donation Registration Forms and general information is available by contacting the Human Gift Registry at any of the following addresses:

Marshall University
Human Gift Registry
Robert W. Coon Education Building (CEB 309)
One John Marshall Drive
Huntington, WV 25755

West Virginia School of Osteopathic Medicine
Human Gift Registry
400 Lee Street North
Lewisburg, WV 24901

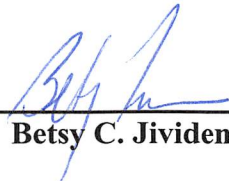
WVU Human Gift Registry
4052 Health Sciences Center North
PO Box 9131
Morgantown, WV 26506

- II. Once registered, the decision to donate ones' body will follow the individual beyond incarceration, unless the individual withdraws from the program. In the event the individual changes his/her mind and no longer wishes to donate, he or she must notify the Human Gift Registry in writing and state in a signed document to the registry that he/she wishes to revoke the earlier donation.
- III. In addition to completing a Donor Registration Form and submitting to a Human Gift Registry, an inmate must complete the Division of Corrections and Rehabilitation (DCR) Human Gift Registry Notification Form (**Attachment #1**). The employee receiving the completed form will ensure the appropriate alert is entered in the Offender Information System (OIS) and upload the document to Optional documents in the Legal folder.
- A. This will allow the facility to take appropriate and timely steps in notifying the appropriate Human Gift Registry by phone as soon as the inmate's family member/next-of-kin has been notified of the inmate's death. Timely notification is essential to ensure proper handling for an acceptable donation.
- B. All costs for reasonable transportation will be provided for any body accepted for donation. A signed death certificate must be obtained from the responsible party. Once this is obtained, the Human Gift Registry will make arrangements for pickup and transport.

ATTACHMENT(S):

#1 DCR Human Gift Registry Notification Form (2 pages)

APPROVED SIGNATURE:


Betsy C. Jividen, Commissioner

4-27-22
Date

**DIVISION OF CORRECTIONS AND REHABILITATION
HUMAN GIFT REGISTRY NOTIFICATION FORM**

INMATE: _____ OID#: _____ DATE: _____

NAME/ADDRESS OF HUMAN GIFT REGISTRY:

TELEPHONE NUMBER: _____

NAME/ADDRESS OF
FAMILY MEMBER/NEXT-OF-KIN TO BE NOTIFIED UPON YOUR DEATH:

TELEPHONE NUMBER: _____

I CERTIFY THAT I HAVE ENROLLED WITH THE HUMAN GIFT REGISTRY LISTED ABOVE (DONOR REGISTRATION FORM AND ACCEPTANCE DOCUMENTATION ATTACHED) AND I HAVE NOTIFIED MY FAMILY/NEXT-OF-KIN REGARDING MY DECISION.

State of West Virginia
County of _____

BEFORE ME, the undersigned Notary, _____ [name of
Notary before whom affidavit is sworn], on this _____ [day of month] day of _____
_____ [month], 20_____, personally appeared
_____ [name of affiant], known to me to be a credible
person and of lawful age, who being by me first duly sworn, on _____ [his or her] oath, deposes and
says:

The information contained within this Human Gift Registry Notification Form is true and accurate to the best of my
knowledge.

[Signature of Affiant]

[Typed or Printed Name of Affiant]

[Address of Affiant, Line 1]

[Address of Affiant, Line 2]

Subscribed and sworn to before me, this _____ [day of month] day of _____ [month], 20____.

[Notary Seal:]

[Typed Name of Notary]

[Signature of Notary]

NOTARY PUBLIC

My commission expires: _____, 20____.

STAFF VERIFICATION

1. REGISTRATION WITH THE HUMAN GIFT REGISTRY WAS VERIFIED ON _____ [Date]
2. VERIFICATION THAT THE FAMILY/NEXT-OF-KIN LISTED ABOVE HAS BEEN INFORMED OF THIS
INMATE'S DECISION TO DONATE HIS/HER HUMAN REMAINS WAS MADE ON:
_____ [Date]

(NOTE: IT IS NOT NECESSARY FOR THE FAMILY/NEXT-OF-KIN TO AGREE WITH THE INMATE'S DECISION)

NAME OF STAFF MEMBER/TITLE: _____

SIGNATURE OF STAFF MEMBER/DATE: _____