



## Lamplight Donor Services

33W480 E. Fabyan Pkwy, Suite 105, West Chicago, IL 60185  
P: 847-220-8757 | F: 847-660-6349 | [info@lamplightdonorservices.com](mailto:info@lamplightdonorservices.com)

Lamplight Donor Services is a whole-body tissue bank offering families an alternative to traditional burial or cremation by donating their bodies for medical research & education. Through compassionate care, respectful handling, and a commitment to transparency, we deliver peace of mind and reassurance to donors and their families at every stage of the journey.

Unlike similar organizations, **Lamplight accepts 100% of non-embalmed, adult donors** whose authorized agent(s) has completed the necessary paperwork. Regardless of medical history, BMI, or other health details, you will not be turned away. **Preregistration isn't necessary**, but is recommended to ensure your wishes are fulfilled. Registration requires legal sign-off from the authorized agent(s).

**Lamplight's donation program is free.** We cover the costs of the following services for all of our donors.

- Transportation into the care of Lamplight Donor Services
- Death Certificate Filing
- Cremation Expenses

**There are only 3 possible costs when donating with Lamplight:**

- **Copies of the Death Certificate:** If a copy of the death certificate is required, it will need to be ordered from the relevant county or state. Lamplight will provide the information you'll need to make the order. Typically, the first death certificate copy is \$15-\$20 and copies ordered at the same time are less per copy, with ordering in person and online available for most locations.
- **Cremated Remains:** If a loved one would like to receive the cremated remains, we ask that they pay \$60 towards the cost of the shipping. That being said, if it is a hardship for the family, they can let us know and we'll work it out with them. Please call our office directly to discuss the details.
- **Funeral Organization Services:** The costs for any service requested from a funeral organization other than Lamplight will be the family's responsibility.

In the event the passing seems imminent, please call our office and we'll prepare with you for the next steps. **When your loved one transitions, please call Lamplight Donor Services at 847-220-8757 as soon as possible.** We have a member of our team on-call 24/7 who'll be ready to initiate the transportation and answer any questions you may have. Without this call, Lamplight won't be notified of the passing, so it is imperative that we receive this call as soon as possible.

Lamplight Donor Services is your guiding light through the journey of body donation to science, offering compassionate guidance, dignified services, and unwavering support every step of the way. Our team will be here when you're ready to discuss your future plans.

**To learn more about donation with Lamplight and to begin our minimal sign-up process, call our team of compassionate liaisons at 847-220-8757.**

## COMPLETING THIS REGISTRATION PACKET

- If this will be signed by someone other than the donor, call Lamplight before anyone signs.
- **Do not write in any areas that are not highlighted.**
- **YELLOW SECTIONS:** Complete all items highlighted in yellow.
- **BLUE SECTIONS:** If Lamplight determines that multiple signers are necessary, Signers 2 and 3 must complete all items highlighted in blue.
- **PINK SECTIONS:** Do not complete the items highlighted in pink unless the donor has already passed away.

**We recommend calling Lamplight to have one of our compassionate liaisons walk you through completing the paperwork. Please call us at 847-220-8757.**



## Lamplight Donation Authorization | Intake Form

847-220-8757 | P.O. BOX 847 | Elburn, IL 60119  
lamplightdonorservices.com | info@lamplightdonorservices.com

I certify that I have legal authority as next of kin, legal representative, or governmental entity (collectively referred to as AP), to donate the gift of this person's whole body (hereinafter Donated Gift) for educational, training, scientific, and/or medical research purposes through Lamplight Donor Services, LLC (hereinafter LL). If additional authority is required due to multiple AP's who are seen as equal in the state's next-of-kin order of precedence, I agree that I have made every reasonable effort to retrieve authorization from all APs, and further certify that the majority of the APs, discounting those who have relinquished responsibility, have approved of said donation.

As the AP for the deceased donor, I hereby request that LL accept the Donated Gift for educational, training, scientific, and/or medical research purposes. I confirm that I have no knowledge that the deceased had any objections to being a whole-body donor. I am giving this Donated Gift freely and voluntarily, and understand there will be no reward or compensation to me, any AP, the deceased's estate, or other family, friends, or acquaintances to myself, any AP, or the deceased. I understand that LL will procure the services of other organizations, including but not limited to, crematories (hereinafter Crematory), funeral directors (hereinafter Funeral Director), transportation services (hereinafter Transportation Services), bioskills service provider (hereinafter Bioskills Services), and other services as necessary (hereinafter Additional Services) (collectively referred to as Outside Organizations).

I understand that I will not be financially responsible for the donor's transportation, paperwork completion, and cremation. I understand that while I am not responsible for the expenses listed above, there may be certain costs associated with the outcome including, but not limited to, approximately \$60.00 USD for shipping cremated remains, and fees paid by myself directly to and through the county where the death occurred for purchasing the original and/or secondary copies of the death certificate. I understand that LL may offer optional goods and/or services (collectively hereinafter "Optional Items") for purchase and/or use, and that, when requested by myself, the costs for these Optional Items will be paid by me to LL as they are separate from the gratis donation services being provided by LL.

I certify that I understand that once recovery of the Donated Gift has commenced, this donation cannot be revoked. In the event that a withdrawal of consent occurs prior to processing and after LL has assumed custody, I will be financially responsible for any expenses due to the revocation of this Donated Gift.

I understand that the Donated Gift will be transported to an LL facility and that viewing will not be possible during a funeral or remembrance ceremony. I authorize LL to obtain any and all medical records including but not limited to a complete medical history, physician records, serology results, and autopsy findings. I understand that blood samples may be taken and tested for conditions including, but not limited to, HIV/AIDS, Hepatitis B, and Hepatitis C. LL is required by law to report some communicable diseases. If a transplant organization has been utilized, LL may have access to all medical information provided to said organization. Other than where required by law or when required to assure the safety of the personnel involved, all medical information will be kept strictly confidential, will only be released when necessary, and will be anonymized by removing all personal information and assigning an LL-specific donor number.

I understand that this Donated Gift may be used for educational, training, scientific, and/or medical research purposes both domestically and internationally by both nonprofit and for-profit organizations and that photographs, sound recordings, motion pictures, videos, or other recording formats in any medium now known or later developed may be used for those purposes. In said media, identifying features of the donor will be obscured when reasonably possible. I further release and forever discharge LL, its officers, agents, and employees from any and all claims and demands arising out of or in connection with the use of said photographs, sound recordings, motion pictures, videos, or other recording formats in any medium now known or later developed, including, without limitation, any and all claims for invasion of privacy, defamation, or infringement of copyright. The Donated Gift may be used in multiple educational, training, scientific, and/or medical research programs and in multiple venues that LL, in their sole discretion, deems necessary to facilitate the donation and may be sent to an intermediary for placement. The Donated Gift may require embalming and/or preservation, segmentation, and/or disarticulation including the surgical procurement of the arms, legs, head, spine, organs, and other tissues from the donor.

I authorize LL to cremate the remains of the Donated Gift. I authorize LL and/or its designee to arrange for the final disposition of the cremains of the Donated Gift in any manner compliant with local, state, or federal laws. I understand that cremation is required as part of the donation process. At the request of the AP, LL will send the cremains it receives from the Crematory to the AP's chosen location as noted above. I understand that due to the procurement process, the AP will receive approximately 15% of the cremains. I understand that the Crematory will make every effort to avoid the inadvertent commingling of minute particles. Cremated partial remains will be placed in a container designed for the shipping of cremated remains. Cremated remains are typically returned within approximately 20-60 weeks.

I confirm that no guarantee or assurance has been made as to the results that may be obtained from the educational, training, scientific, and/or medical research performed with the Donated Gift. I may request that the Donated Gift be used for a specific purpose, but I understand that LL cannot guarantee that this request will be granted. All attempts will be made to use all of the Donated Gift for educational, training, scientific, and/or medical research purposes. However, if the donor's physical condition or disease status prohibits use for this purpose, the donor will be cremated at no cost to the AP. In an effort to safeguard the dignity and privacy of the donor, the AP shall not be notified of the outcome of the Donated Gift.

I understand that I may remove or request the removal of personal effects from the Donated Gift at the time of this Donated Gift. If no request is made, all personal effects will be destroyed. I understand that medical devices including but not limited to pacemakers create a hazardous condition during the cremation process and must be identified and possibly removed prior to cremation. All prostheses, bridgework, or similar items will be discarded after the cremation is completed. Gold inlays, dental gold, rings, and jewelry will lose their identity and will also be discarded.

All yellow boxes are required.

Pink boxes required ONLY if Donor has passed away.

Blue boxes should ONLY be used for additional signers, when required.

Additional terms are located just prior to the Authorized Person sections at the end of this document.

All fields are required			
Donor Information			
Name:		Donor's Relationship to You:	

Donor's Medical History:			
Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	X <input type="checkbox"/>
Height & Weight:			
Date of Birth:		Date of Death:	
Cause of Death:			
Does the donor have a known history of Hepatitis B, C, or HIV/AIDS?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Please list all known medical diagnoses:	
Please list any surgical implants: (Incl. joint replacement, aesthetic, pacemaker, etc.)	

**A portion** of cremated remains shall be returned to the designated Authorizing Person, unless the Authorizing Person cannot be located. In that case, Lamplight Donor Services or its designee will dispose of the cremated remains in accordance with applicable laws.

Select **one** option below:

<input type="checkbox"/>	Cremated remains will be returned in a cardboard box.
<input type="checkbox"/>	The Authorized Person will provide an approved urn to Lamplight for the cremated remains. Lamplight will return encapsulated remains to the Authorized Person.
<input type="checkbox"/>	Cremated remains <b>will not</b> be returned

I understand that this is a legal document being signed by me. I agree that this document is meant to be as broad and inclusive as is permitted under state laws and that if any provision of this document is held invalid, it is agreed that the balance shall continue in full force and effect. I, for myself, as well as my heirs, my personal representatives, those acting on my behalf, and/or my assigns, do hereby release, agree to indemnify and hold harmless, waive any claim against, discharge from liability, and covenant not to sue LL, the Outside Organizations, as well as each organization's officers, employees, agents, affiliates, and those acting on the behalf of any or all of the organizations. Any claim that may arise from participation shall be resolved under Illinois law unless LL agrees in writing to waive this requirement. This includes claims due to the failure to disclose the existence of implanted devices or personal effects.

I have carefully read this document, understand that I am giving up certain rights as detailed previously in this document, have verified my understanding of all disclosures, and allowed ample time for consideration. I acknowledge that I am signing this document freely, voluntarily, without any inducement, assurance, or guarantee of any nature, and intend by my signature below to be a complete and unconditional release of all liability to the extent allowable by law.

<b>Authorized Person 1</b>		Relationship to Donor:	
Name:		Email:	
Phone:		Address:	
Date:		Signature:	

<b>Authorized Person 2 (if required)</b>		Relationship to Donor:	
Name:		Email:	
Phone:		Address:	
Date:		Signature:	

<b>Authorized Person 3 (if required)</b>		Relationship to Donor:	
Name:		Email:	
Phone:		Address:	
Date:		Signature:	

All yellow boxes are required.

Pink boxes required ONLY if Donor has passed away.

Blue boxes should ONLY be used for additional signers, when required.

# Release Authorization

The undersigned hereby authorize \_\_\_\_\_ *(Name of Institution or Person)* to release the deceased human remains of \_\_\_\_\_ *(Deceased)* to \_\_\_\_\_ *(Name of Funeral Home)* and/or its agents.

I (we) hereby represent that I am (we are) of the same and nearest degree of relationship to the deceased and/or are legally authorized or charged with the responsibility for such burial and/or other disposition.

Signature

Signature

Signature

Witness

Relationship to Deceased

Relationship to Deceased

Relationship to Deceased

Date



**Absentee Next-of-Kin | Cremation Authorization**  
847-220-8757 | P.O. BOX 102 | Maple Park, IL | 60151  
lamplightdonorservices.com | info@lamplightdonorservices.com

I, \_\_\_\_\_, hereby authorize the cremation of \_\_\_\_\_, with knowledge and understanding that a true next-of-kin remains alive or has no living next of kin. I further state and provide that the true next-of-kin is unable to be reached and/or unable to sign; therefore, pursuant to applicable state law. I am willing to assume all legal and financial responsibility for the cremation of \_\_\_\_\_. I further certify that, to my knowledge, no other relative or party in interest has objected to this cremation. I hereby provide that LAMPLIGHT DONOR SERVICES, and any of its agents or assignees, are fully and completely released from all liability for the cremation of \_\_\_\_\_.

Authorized Person Information:		Relationship:	
Name:		Email:	
Phone:		Address:	
Date:		Signature:	