To: The Head of School School of Human Sciences

University of Western Australia

It is my wish that my remains after death be anatomically examined at licensed Schools of Anatomy for the advancement of medical education.

**My personal particulars are:** (please use block letters)

Name Title Family name Given names

Date of Birth

Address

Postcode Telephone

Email

**Details of senior next of kin:**

Name Title Family name Given names

Relationship to donor

Address

Postcode Telephone

Email

**Executor of Estate (if applicable):**

Name: Title Family name Given names

Address

Postcode Telephone

Email:

***To be read and signed by the donor and witness Senior Next of Kin.***

*The University reserves the right to decline acceptance, for any reason, of your body after your death. If the University declines to accept your body it will not be responsible in any way for your funeral arrangements or the costs associated therewith. Consequently, you and your senior next-of-kin are strongly advised to agree on alternative funeral arrangements to be put into effect in the event that the University is unable to accept your body at the time of your death.*

*This is to acknowledge that I have read the information provided on the Body Donation Program and, having done so, confirm that my body, after death, be made available to The School of Human Sciences, The University of Western Australia, to be used in whatever way shall be deemed most beneficial for the advancement of medical studies.*

Donor’s Signature Date

Senior Next of Kin Signature Date

Senior Next of Kin Name:

Senior Next of Kin Address:

Post Code: Telephone:

…………………………………………………………………………………………………………………………….

**Does your next of kin wish to be notified at the time of Cremation?** Yes □ No □ **Does your next of kin wish to collect the ashes?** Yes □ No □ If no, the ashes will be interred in the University’s Memorial

Garden at Karrakatta Cemetery.

**Do you consent to your name being inscribed on a Memorial** N/A □ Yes □ No □

## Plaque if interred in the Memorial Garden?

**Can we read out your name at a Memorial Service?** Yes □ No □

A Memorial Service is held every 3 years and is a non-religious ceremony, whereby a dedication of thanksgiving is expressed in the presence of relatives, special guests and students to acknowledge those who have bequeathed their mortal remains to the University and who have been cremated within that period. Names read at the service are added to a book of remembrance.

## Under legislation, the University may retain a portion of the cadaver Yes □ No □

**indefinitely for research and teaching purposes. Do you agree to this**?

**Have you made a will?** Yes □ No □

**Registration Form**

The following information is required for the School to register the death of a donor with The Registry of Births, Deaths & Marriages.

Place of birth: Religion:

Years lived in Australia: Year of Arrival:

*(If born overseas) (If born overseas)*

Main Occupation**:** Main Tasks:

*(During working life) (Involved in this work)*

## Details of marriage/s and de facto relationship/s (please give details, even if divorced, and separated)

Where Married (Town/Country) Full Date Your Partner’s Full Name (before Marriage)

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Current marital status

|  |  |
| --- | --- |
| **Single ☐ Married ☐ De facto ☐** | **Widowed ☐ Divorced ☐ Separated ☐** |

**Children**

|  |  |  |  |
| --- | --- | --- | --- |
| Given Names | Date of Birth or “Deceased” | Given Names | Date of Birth or “Deceased” |
| **1.** |  | **2.** |  |
| **3.** |  | **4.** |  |
| **5.** |  | **6.** |  |
| **7.** |  | **8.** |  |
| **9.** |  | **10.** |  |

**Your Parent’s details:**

Father’s Full Name:

Main Occupation: Deceased? Yes **□** No **□**

*(During working life)*

Mother’s

First Names: Maiden Surname:

Main Occupation: Deceased? Yes **□** No **□**

*(During working life)*

Donor’s Name (Block Letters) Donor’s Signature

Date: