

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: _____

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: _____
(If born overseas)

Year of Arrival: _____
(If born overseas)

Main Occupation: _____
(During working life)

Main Tasks: _____
(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 <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/>	Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>
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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: _____
(During working life)

Deceased? Yes No

Mother's First Names: _____ Maiden Surname: _____

Main Occupation: _____
(During working life)

Deceased? Yes No

Donor's Name (Block Letters)

Donor's Signature

Date: