

Schedule A Form B (1) Anatomy Act 1930

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 se	nior next of	<u>kin</u> :		
Name				
	Title	Family name	Given names	
Relationship t	o donor			
Address				
Postcode		_Telephone		
Email				
Executor of I	<u>Estate (if ap</u>	plicable):		
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 🗌
<b>Does your next of kin wish to collect the a</b> If <u>no</u> , the ashes will be interred in the Universe Garden at Karrakatta Cemetery.		Yes 🗌	No 🗌
Do you consent to your name being inscr Plaque if interred in the Memorial Garden	Yes 🗌	No 🗌	
<b>Can we read out your name at a Memorial Service?</b> 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.			No 🗆
Under legislation, the University may reta indefinitely for research and teaching pur	-	Yes 🗌	No 🗆
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:		
Main Occupation:(During working life)				
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 Marria		

#### **Current marital status**

De facto □ Widowed □ Divorced □ Separated □
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## <u>Children</u>

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)				
<u>Mother's</u> First Names:		_Maiden Surname:			
Main Occupation:			Deceased?	Yes 🗆	No 🗆
	(During working life)				-
Donor's Name (Block Letters)		Donor's Signa	ature		
		Date:			