



Schedule A

Form B (1)

Anatomy Act 1930

To: The Head of School
School of Anatomy & Human Biology
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:

Title: Mr Mrs Miss Ms Dr Prof **Date of Birth:** _____

Surname (Block Letters)

Given Names (Block Letters)

Address: _____

Post Code: _____ **Telephone Number:** _____

Name & Address of senior next of kin:

Title: Mr Mrs Miss Ms Dr Prof **Relationship to donor:** _____

Surname (Block Letters)

Given Names (Block Letters)

Address: _____

Post Code: _____ **Telephone Number:** _____

Executor of Estate (if applicable):

Title: Mr Mrs Miss Ms Dr Prof

Surname (Block Letters)

Given Names (Block Letters)

Address: _____

Post Code: _____ **Telephone Number:** _____



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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 Plaque if interred in the Memorial Garden? N/A Yes No

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

Under legislation, the University may retain a portion of the cadaver indefinitely for research and teaching purposes. Do you agree to this? Yes No

Have you made a will? Yes No

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To be read and signed by the donor and a witness:

This is to acknowledge that I have read the information provided on the Body Bequest Program and, having done so, confirm that my body, after death, be made available to The School of Anatomy and Human Biology, The University of Western Australia, to be used in whatever way shall be deemed most beneficial for the advancement of medical studies. I understand The University reserves the right to decline acceptance of my bequest.

Donor's Signature

Date

Witness' Signature

Date

Witness' Name: _____

Witness' Address: _____

Post Code: _____

Telephone: _____



Registration Form

The following information is required to assist The Registry of Births, Deaths & Marriages in registering the death of a donor.

Place of birth: _____

Religion: _____

Years lived in Australia: _____

Retired? Yes No **Main Occupation:** _____
(during working life)

Pension? Repat Age Invalid Widow's None

Marital Status: Single Married Widowed Divorced Defacto Separated

Details of Marriage/s (please give details, even if divorced)

Where Married (Town/Country)	Full Date	Your Partner's Full Name (before Marriage)
1.	.../.../...	
2.	.../.../...	
3.	.../.../...	
4.	.../.../...	

Children

Given Names	Date of Birth or "Deceased"	Given Names	Date of Birth or "Deceased"
1.	.../.../...	6.	.../.../...
2.	.../.../...	7.	.../.../...
3.	.../.../...	8.	.../.../...
4.	.../.../...	9.	.../.../...
5.	.../.../...	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)

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Donor's Name (Block Letters)

Donors' Signature

Date: