Australian National University

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# ANU Body Donation Program

## Donor Registration Form & Consent

### Part A

*(**Please use BLOCK letters. This form cannot be accepted unless Part A is completed in full.**)*

Mr/Mrs/Miss/Ms/Dr _____

Surname Given Name/s.

Date of Birth:_____

Address: _____

Telephone: _____ Mobile:_____

(*Please advise ANU of any change of address or contact details)*

Email:_____(*if applicable*)

***Statement of Intent***

*I hereby state that, upon my death, I wish for my body to be donated to and retained by **The Australian National University (ANU), Anatomy Laboratories of the School of Medicine & Psychology**, for the purposes of **anatomical examination, and the study and teaching of anatomy**.*

***Acknowledgement of Conditions** ~ I acknowledge and understand the following:*

- ***Acceptance of my body cannot be guaranteed.** ANU may not be able to accept this bequest at the time of my death due to medical, logistical, or program-capacity reasons. Further information is available in the Frequently Asked Questions section of the ANU Body Donation Program.*
- ***Cremation will be arranged by ANU.** I understand that ANU will arrange for the cremation of my remains once all anatomical examination, study, and teaching activities have been completed.*

***Consent** ~ By signing below, I confirm that I have read and understood the information provided and that I freely consent to the donation of my body to ANU for the purposes stated above.*

Signed_____Date:_____

Witness 1 Name:_____ Witness Signature:_____ Date:_____

***(Note witnesses MUST NOT be related by blood or marriage)***

Witness 2 Name:_____ Witness Signature:_____ Date:_____

***(Note witnesses MUST NOT be related by blood or marriage)***

☐ I agree that other Australian Medical Schools may access the body for the purpose of anatomy teaching and study.

**Please select either option 1 or option 2**

I wish to donate my body:

☐ **[option 1] Infinity:** The body or a part(s) of the body will be kept at the ANU Body Donation Program Facility (*School of Medicine & Psychology*) for as long as possible for the purpose of teaching and research. The School of Medicine & Psychology will be responsible for the cremation of the body and tissues following the completion of anatomical study. Return of your ashes **will not** be offered to next of kin due to the extended periods that may be involved.

☐ **[option 2] Short Term:** The body will be kept at ANU Body Donation Program Facility (*School of Medicine & Psychology*) for a period of up to seven years for the purpose of teaching and research. After this period the ANU School of Medicine & Psychology will be responsible for the cremation of your body.

**Option 2 Only**

☐ **Ashes Return:** I request that my ashes be repatriated back to my Next of Kin in order of priority, as indicated in **Part B** of this registration form.

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# ANU Body Donation Program

## Next Of Kin Information (NOK)

### Part B

*(To support the fulfilment of your wishes and to meet legislative requirements, please complete **Part B** of this form using **BLOCK** letters.)*

**I / We, being the next of kin and/or executor(s) of the intended donor named in Part A (page 1), confirm that we have no objection to the donor's wishes to enrol in the ANU Body Donation Program as stated in Part A.**

### Person 1

Name of Next of Kin/Executor:_____
Surname Given Name/s.

Relationship:_____

Address:_____

Telephone:_____ Mobile:_____

Email: _____(*if applicable*)

Signed_____ Date:_____

Name of Witness:_____ Signature of Witness:_____ Date:_____

### Person 2

Name of Next of Kin/Executor:_____
Surname Given Name/s.

Relationship:_____

Address:_____

Telephone: _____ Mobile:_____

Email: _____(*if applicable*)

Signed:_____ Date:_____

Name of Witness:_____ Signature of Witness:_____ Date:_____

***Please be aware that the nominated NOK above, will be the only person/s we are able to speak to and give out any information about your Registration Status with the ANU Body Donation Program. This is also in relation to confirmation of acceptance as a donor at time of death, and any processes that may need further information from NOK about the Donor prior to confirmation of acceptance.***

*Your nominated Next of Kin (NOK) does NOT need to be a blood relative, but a person/s who we can legally speak with to confirm any details about the Registered Donor (As stated in Part A) and their wishes to be a Body Donor.*

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# ANU Body Donation Program

## Personal Information Form

***(Please complete this form to assist us with the future Registration of Death with Births Deaths & Marriages).***

Mr/Mrs/Miss/Ms/Dr/Other _____

Surname Given Name/s

Address: _____

Place of Birth: _____

_____ State: _____ Country: _____ Year arrived in Australia: _____

Occupation/former occupation: _____

Type of pension: _____

Parents Surname: _____

Father's Name: _____

Fathers Occupation/ former occupation: _____

Mother's Name (including maiden name): _____

Mother's Occupation/ former occupation: _____

Married/ Never married/ Separated/ Divorced/ Widowed/ De Facto *(Please circle which one currently applies)*

**Place and date of marriage(s)**

1st _____

2nd _____

3rd _____

Full name of wife /husband/ partner: _____

Surname *(include Maiden Name/Other)* Given Name/s

**Children Names** Number of children _____ *(Please state if any are deceased)*

| | | |
|---|---|---|
| 1st | Date of Birth: | M / F / Other |
| 2nd | Date of Birth: | M / F / Other |
| 3rd | Date of Birth: | M / F / Other |
| 4th | Date of Birth: | M / F / Other |
| 5th | Date of Birth: | M / F / Other |