



ANU Body Donation Program Personal Information Form

(Please complete this form to assist us with the future Registration of Death).

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 _____

Fathers Name _____

Fathers Occupation/ former occupation _____

Mothers Name (maiden name) _____

Mothers 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 Given Name/s

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

1st _____ Date Of Birth: _____

2nd _____ Date Of Birth: _____

3rd _____ Date Of Birth: _____

4th _____ Date Of Birth: _____

5th _____ Date Of Birth: _____

Presented by



ANU Body Donation Program

Donor Registration Form

Part A

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

Mr/Mrs/Miss/Ms _____
Surname Given Name/s

Date of birth _____

Address _____

Telephone _____ Mobile: _____

(Please advise ANU of any change of address)

Email _____ (if applicable)

I wish that my body after death be donated to and retained by The Australian National University (ANU), Anatomy Laboratories of the ANU Medical School, for the purpose of anatomical examination or the study and teaching of anatomy. I understand that ANU cannot guarantee that it will, or will be able to, accept this bequest at the time of my death (see 'Frequently Asked Questions' in the Body Donation Program). I understand that ANU will arrange cremation when anatomical examination or the study, and teaching of anatomy is completed.

Signed _____ Date _____

Witness 1 _____ Date _____

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

Witness 2 _____ 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 Medical School for as long as possible for the purpose of teaching and research. The ANU Medical School 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 long periods that may be involved

[option 2] Short Term: The body will be kept at ANU Medical School for a period of up to seven years for the purpose of teaching and research. After this period your body will be cremated by ANU

Option 2 Only

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

Presented by

ANU College of Health & Medicine



ANU Body Donation Program Next Of Kin Information

Part B

(To assist with the fulfilment of your wishes and any legislative requirements, it is preferable that Part B of this form be completed. Please use block letters.)

I/We, the next of kin/executor of the above, have no objection to the donor's wishes 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 _____

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 _____

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 who we speak with to confirm any details about the Donor (As stated in Part A) and their wishes to be a Body Donor.

Presented by