

# BODY DONATION PROGRAM

## REGISTRATION FORM

PLEASE PRINT CLEARLY

**Please complete all sections; failure to complete the form in its entirety will result in it being returned to you for completion.**

### WAIVER OF CLAIM

*I do hereby waive and renounce my claim to the said body, in accordance with Section 5(4) of The Anatomy Act (2006) of the Province of Manitoba to:*

### PREFERRED CLAIMANT SIGNATURE\*

*\*Spouse, common-law partner, parent, child, brother, sister, grandparent, grandchild, uncle, aunt, nephew, niece, executor or any other person legally entitled to claim the body after death*

Name in full \_\_\_\_\_

Relationship to donor \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Date \_\_\_\_\_ Telephone \_\_\_\_\_

### STATEMENT OF DESIRE

*I hereby express my wish that after my death, my body be donated to be used for medical education to: The Department of Human Anatomy and Cell Science, Rady Faculty of Health Sciences, University of Manitoba*

### DONOR SIGNATURE

Name in full \_\_\_\_\_

Sex: Male  Female  Birth Date (yyyy/mm/dd) \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_, Manitoba Postal Code \_\_\_\_\_

Date \_\_\_\_\_ Telephone \_\_\_\_\_

### WITNESS SIGNATURE (18 years or older)\*

*\*Must be someone other than your Preferred Claimant*

Name in full \_\_\_\_\_

### RETURN COMPLETED FORM TO:

Body Donation Program  
Department of Human Anatomy & Cell Science  
Max Rady College of Medicine, Rady Faculty of Health Sciences  
University of Manitoba  
130-745 Bannatyne Avenue Winnipeg, MB R3E 0J9