

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 _____

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) _____

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

