ANU Medical School
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

Address

Place of birth

Town State Country Year arrived in Australia

Occupation/former occupation

Type of pension

Parents name

Father

Mother (maiden name)

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

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

Names  1st

2nd

3rd

4th

5th

Presented by

ANU College of
Medicine, Biology
& Environment
ANU Medical School
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 ____________________________
Date of birth ____________________________
Address __________________________________________________________
Telephone __________________________________________________________
(Please advise ANU of any change of address)

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 six 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
Medicine, Biology & Environment
The Medical School Body Donation Form

Part B
(To assist with the fulfillment 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 ____________________________

Relationship __________________________________________

Address ______________________________________________

Telephone ____________________________________________

Signed ____________________________  Date ____________________________

Signature of witness ____________________________  Date ____________________________

Person 2

Name of Next of Kin/Executor ____________________________  Surname ____________________________  Given name ____________________________

Relationship __________________________________________

Address ______________________________________________

Telephone ____________________________________________

Signed ____________________________  Date ____________________________

Signature of witness ____________________________  Date ____________________________