



Australian  
National  
University

# 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.

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# 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 \_\_\_\_\_