



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 _____