

# FORM 1:

## OFFER OF BODY FOR ANATOMICAL EXAMINATION



THE UNIVERSITY OF  
NEWCASTLE  
AUSTRALIA

This form is supplied for the convenience of the donor and is in no way legally binding if the donor (or after death, their relatives) wish to alter or revoke any part of this form.

TITLE	SURNAME	GIVEN NAMES
Mr/Mrs/Ms/Miss		
Address:		
	Suburb:	Postcode:
Phone:	Landline:	Mobile:
Email:		
Date of birth:		

I acknowledge that I have read the *Body Donor Program* information package and confirm it is my wish that after death my body be made available to the **Disciple of Anatomy, University of Newcastle**, to be used in whatever way deemed most beneficial for the purposes of anatomical examination. I also authorise the University of Newcastle to have full access to my health and medical records after death. **I acknowledge that registration with the Program does not guarantee acceptance of my body at time of death.**

<b>SIGNED:</b>		<b>DATE:</b>	
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### PREFERENCE AS TO DISPOSAL OF REMAINS *please select one*

Cremation and scattering of ashes in a Memorial Garden

Cremation and return of ashes to the person nominated below

Name:		
Address:		
Phone:	Landline:	Mobile:
Email:		

### Please provide details of anyone else you would like us to notify when cremation has taken place:

Name:		
Address:		
Phone:	Landline:	Mobile:
Email:		
Name:		
Address:		
Phone:	Landline:	Mobile:
Email:		

