

# Consent to Donate Your Body in Total or in Parts

I hereby wish and intend that my body be made available after my death. I give my consent by signing this document. I do not wish to be buried and a post-mortem (autopsy for pathological reasons) should be avoided. Instead, I would like my body to be transferred to the address on this form immediately after my death.

My relatives have been informed about my decisions and are agreeable to it. If they are not agreeable, then my signature has been witnessed by a solicitor.

I am aware that my body parts are to be used exclusively for research and educational purposes, and only to give them directly to educational establishments, such as universities, hospitals and museums, but not to private individuals.

Any part of my body not utilized, I wish to be cremated.  
(Check box if desired wishes.)

I can withdraw my consent for my body to be used for research and educational purposes at any time without having to give a reason.

Contact your local chapter of the Red Cross.

The University, Medical Center or establishment noted below I wish to donate my body in total or in parts.

\_\_\_\_\_  
Name of establishment I wish to donate to:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness