

Service After Death

BODY BEQUEATHAL PROGRAM REGISTRATION FORM

WAIVER OF CLAIM

I do hereby waive and renounce my claim to the said body, in accordance with Section 5(4) of The Anatomy Act (2006) of the Province of Manitoba to:

Preferred Claimant Signature* _____

**Spouse, common-law partner, parent, child, brother, sister, grandparent, grandchild, uncle, aunt, nephew, niece, executor or any other person legally entitled to claim the body after death.*

Name in full (please print) _____

Relationship to donor _____

Street address _____

City _____ Province _____ Postal code _____

Date _____ Telephone _____

STATEMENT OF DESIRE

*I hereby express my wish that after my death, my body be donated to be used for medical education to:
The Department of Human Anatomy and Cell Science, Faculty of Medicine, University of Manitoba*

Donors Signature _____ Sex: Male Female

Name in full (please print) _____

Birth date (yyyy/mmm/dd) _____

Street address _____

City _____, Manitoba Postal code _____

Date _____ Telephone _____

WITNESS: Signature (18 years or older) _____

Name in full (please print) _____

RETURN ONE COMPLETED FORM TO:

Service After Death Program
Department of Human Anatomy and Cell Science
Faculty of Medicine, University of Manitoba
130 Basic Medical Sciences Building, 745 Bannatyne Avenue
Winnipeg, MB R3E 0J9 CANADA