

TO BE COMPLETED BY DONOR

Return with Permission to Cremate Form signed by Next-of-kin or Legal Executor

*(NOTE – If donor unable to sign below, Next-of-kin or Legal Executor **MUST** sign below on their behalf)*

“I dedicate my body to Medical Science, If I die in Nova Scotia, New Brunswick or Prince Edward Island, and my remains are **accepted**, I direct: That my body shall go to Dalhousie University, Halifax, Nova Scotia at once, and be used by that institution for the Advancement of Medical Education and Research.”

I authorize the Faculty of Medicine of Dalhousie University to:

1. Use x-rays and medical images of the remains for medical education and research purposes;
2. Retain tissue or organ samples for an indefinite period of time for medical education and/or medical research purposes;
3. Respectfully dispose of the tissues or organs which have been retained, to complete the process of medical education and/or research purposes.

Name of donor (please print) _____

Address _____

Date of Birth _____

Signature of Donor _____

Signature of Next-of-kin or Legal Executor _____
*(If donor unable to sign, Next-of-kin or Legal Executor **must** sign here)*

Signature of Witness 1 _____

Signature of Witness 2 _____

Date _____

Next-of-kin or Legal Executor

Name _____

Relationship to Donor _____

Address _____

Telephone number(s) _____

MAIL TO: Human Body Donation Program, Department of Medical Neuroscience, Sir Charles Tupper Medical Building, 5850 College St., PO Box 15000, Dalhousie University, Halifax, NS B3H 4R2.

DEPARTMENT OF MEDICAL NEUROSCIENCE – CREMATION FORM
TO BE SIGNED BY NEXT-OF-KIN or LEGAL EXECUTOR

Return with Donation Form

Note: This form can be completed by the donor, but must be signed by the Next-of-kin or Legal Executor

Should your Next-of-kin or Legal Executor change, new forms MUST be completed. New forms are available by contacting 902-494-6850 or from <http://medical-neuroscience.medicine.dal.ca/donation/>

To the Faculty of Medicine, Dalhousie University, Halifax, Nova Scotia

I, _____
(Next-of-kin / Legal Executor) (Relationship to Donor)

of _____
(full postal address)

hereby grant permission to Dalhousie University, for the cremation of the body of

and further instruct Dalhousie University to dispose of the cremated remains of the above-named deceased in the following manner:

_____ 1) CREMATION WITH INTERMENT OF ASHES IN THE DALHOUSIE MEMORIAL GARDENS.

_____ 2) CREMATION WITH THE ASHES BEING SHIPPED (VIA REGISTERED MAIL TO):

NAME/Relationship: _____

ADDRESS: _____

TELEPHONE: _____

_____ 3) CREMATION WITH THE ASHES TO BE PICKED UP BY:

NAME/Relationship: _____

ADDRESS: _____

TELEPHONE: _____

The above named person will be advised when the ashes will be available for release.

I, the undersigned Next-of-kin or Legal Executor, do declare that I am legally within my rights to authorize the cremation of the above-name deceased, and agree to hold Dalhousie University harmless for damages should any litigation arise because of the said authorization and subsequent cremation.

Witness: _____

Signed: _____
(Next-of-kin or Legal Executor)

Date: _____

MAIL TO: Human Body Donation Program, Dept. of Medical Neuroscience, Sir Charles Tupper Medical Building, 5850 College Street, PO Box 15000, Dalhousie University, Halifax, NS B3H 4R2.

www.dal.ca/bodydonation