

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