

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.