



CUMMING SCHOOL OF MEDICINE

Body Donation Program
Department of Cell Biology & Anatomy
3330 Hospital Drive NW
Calgary, AB, CANADA T2N 4N1
Tel: 403.220.6895
Fax: 403.220.8506

REGISTRATION FORM

COMPLETE THIS PAGE AND RETURN TO:

Body Donation Program
Department of Cell Biology & Anatomy
Cumming School of Medicine
University of Calgary, H.S.C.
3330 Hospital Dr. N.W.,
Calgary, Alberta. T2N 4N1

It is my wish that upon my death, my body, if acceptable, be donated to the Department of Cell Biology & Anatomy, Cumming School of Medicine at the University of Calgary to be used for medical education or medical research.

I acknowledge that I am 18 years of age or over. I do not object to the cremation of my remains following the study and I am aware registering does not guarantee my acceptance into the program. (See: FAQ Section for further details)

Signature _____ Birth Date: month/day/year _____

Name in full (please print) _____

Witness Signature (executor or next of kin preferred) _____

Witness Name in full (please print) _____

Registrant's Mailing Address: _____

City _____ Province _____ Postal Code _____

Date _____ Telephone number _____