

Queen's University
Department of Biomedical and Molecular Sciences
Human Body Donor Program

Please type or print

Name of Donor

DIRECTION TO THE MEDICAL SCHOOL

This form must be completed by the next-of-kin or executor at the time of death.

1. I give permission to the University to retain any parts of the donated body if required for educational purposes (which may include non-identifiable photographs to be used for computer based educational purposes). Yes No
2. I wish to be notified of the time and place of burial. Yes No

OR

3. I would like to have the cremated remains returned to:

Signature _____ Date _____
Next-of-kin or Executor

Printed Name of Next-of-Kin or Executor _____

Address _____

Telephone _____

If the above information changes please notify

Administrative Assistant
Department of Biomedical and Molecular Sciences
Botterell Hall, Room 915
Queen's University
Kingston, ON K7L 3N6
Telephone: 613-533-2600

