

# THE ANATOMY ACT – PROVINCE OF ONTARIO

## **PART 1 DONATION OF BODY TO SCHOOL OF ANATOMY**

I, \_\_\_\_\_  
(Print Full Name)

having attained the age of 16 years, hereby consent in accordance with Section 4 of The Trillium Gift of Life Network Act, to the use of my body after death for medical education or for scientific research at the School of Anatomy at: \_\_\_\_\_ or at any other School of Anatomy.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Signature of Donor)

\_\_\_\_\_  
(Address)

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## **PART 2 DONATION OF A BODY TO A SCHOOL OF ANATOMY BY NEXT-OF-KIN OR A PERSON LAWFULLY IN POSSESSION**

I, \_\_\_\_\_  
(Print Full Name)

being the next-of-kin or a person lawfully in possession of the body of

\_\_\_\_\_  
(Print Full Name)

hereby consent in accordance with Section 5 of The Trillium Gift of Life Network Act, to the use of the said body after death for medical education or for scientific research at the School of Anatomy at \_\_\_\_\_ or at any other School of Anatomy.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Signature of Donor)

\_\_\_\_\_  
(Relationship to the Deceased)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone Number)

**NOTE:** Complete either Part 1 or Part 2 of this form but **NOT** both.

**PART 1** Should be completed by the person wishing to donate his body **when that decision is made.**

**PART 2** Should be completed by the next-of-kin or person lawfully in possession of the body **only** where the deceased has not personally donated his or her body by completing the first part of the form.

**ORIGINAL TO BE RETURNED TO THE SCHOOL OF ANATOMY**