

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

Please type or print

Name of Body Donor

DIRECTION TO THE MEDICAL SCHOOL

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

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

I wish to be notified of the time and place of burial.

I would like to have the cremated remains returned to the following address:

I do not wish to be notified of the time and place of burial and I do not wish to have the cremated remains returned.

Signature _____ Date _____
Next-of-Kin or Executor

Printed Name of Next-of-Kin or Executor _____

Address _____

Email Address _____

Telephone _____

If the above information changes please notify
Administrative Assistant
Department of Biomedical and Molecular Sciences
Botterell Hall, Room 563, Queen's University
Kingston, ON K7L 3N6
Telephone: 613-533-2600

