

Queen's University
Department of Biomedical and Molecular Sciences
Human Body Donor Program
DIRECTION TO THE MEDICAL SCHOOL

Please type or print

Name of Body Donor

Name of Next-of-Kin or Executor

Signature _____

Next-of-Kin or Executor

Date _____

Address _____

Email Address _____

Telephone _____

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 and/or videos to be used for computer-based educational purposes).

Yes No

I wish to be notified of the time and place of the Service of Gratitude.

Yes No

- I would like the cremated remains to be returned to the following address, or alternatively, to receive them in person following the Service of Gratitude at the Cataraqui Cemetery Office:

- I do not wish to have the cremated remains returned. (Cremated remains will be interred at the Cataraqui Cemetery, in the Queen's University Plot)

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 or Email: bodydonation@queensu.ca

