

DIRECTION FOR USE OF MY BODY AFTER DEATH

I, (Mr.,Mrs.,Ms.) _____ hereby record my wish that, following my death, my body is to be delivered promptly and intact to the Department of Anatomy and Cell Biology of the College of Medicine, University of Saskatchewan, Saskatoon, Saskatchewan, for legitimate medical education, and/or scientific research purposes* at the aforementioned College of Medicine, as the Department of Anatomy and Cell Biology may deem appropriate. If my body is accepted, final disposition of my remains may be made by the said Department of Anatomy and Cell Biology as follows:

- (Check one) a) It be cremated and the cremated remains returned to the person designated below
 b) It be cremated and the cremated remains interred in Woodlawn Cemetery, Saskatoon, Saskatchewan
 c) It be cremated and other arrangements be made by and at the expense of my estate

An organ or part from my body may be so useful for teaching purposes that it will be desirable to preserve it for study by future students. To prevent deterioration, the Department of Anatomy and Cell Biology may wish to preserve or "plastinate" one or more body parts or organs for long-term use.

Please check if you agree with the following:

Part or all of my body may be permanently preserved for teaching purposes at the College of Medicine, University of Saskatchewan, as determined by the Department of Anatomy and Cell Biology.

General Information about **DONOR**: (PLEASE PRINT)

Donor Name: _____ Telephone Number: _____
Family Name Given Names

Birth Date: Day |__|__| Month |__|__| Year |__|__|__|__| Health Card#: _____

Birth Place: City: _____ Province: _____ Country: _____

Occupation held during majority of life: _____

Address: _____

Marital Status: _____ Spouse Name: _____ Maiden Name: _____

Family Physician Name: _____ Address: _____

Dated at _____ this _____ day of _____ 20 _____

Donor's signature _____

General Information about **FAMILY**: (PLEASE PRINT)

FATHER'S SURNAME:	GIVEN NAMES:	CITY OF BIRTH:	COUNTRY OF BIRTH:
MOTHER'S MAIDEN NAME:	GIVEN NAMES:	CITY OF BIRTH:	COUNTRY OF BIRTH:

EXECUTOR INFORMATION (PLEASE PRINT)

EXECUTOR'S NAME:	CONTACT NUMBER:	<input type="checkbox"/> (check box if none)

NEXT OF KIN: (PLEASE PRINT)

SURNAME:	GIVEN NAMES:	RELATIONSHIP:	PHONE NUMBER:
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Also, if your death occurs outside the Province of Saskatchewan we cannot guarantee that we will be able to accept your bequeathal as it would depend primarily on the laws of the jurisdiction in which you de cease.

2. When the Department has completed its studies, either the remains or the number of the grave in Woodlawn Cemetery will be sent to the person designated as next of kin. It is important to give the Department the complete address of the designated person and to keep this information up to date.
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ONE COPY TO BE RETURNED TO:

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