



UNIVERSITY OF SASKATCHEWAN

Direction for the Use of My Body After Death Update Form

To the College of Medicine, University of Saskatchewan

Department of Anatomy and Cell Biology

Please indicate your wishes to **A. MAKE CHANGES TO YOUR INFORMATION** or to **B. CANCEL** the bequeathal of your body after death to the College of Medicine, University of Saskatchewan.

A. MAKE CHANGES TO YOUR INFORMATION

The information we have on file can be found on the attached form. Please review all information on the form and **cross out anything that is incorrect. Fill in the correct information below** with the headings so that we can make changes to your file. If you need more room, feel free to use the other side of this form. To confirm that the changes are correct, please **sign and date below**. If there are no changes, please keep the form in the event that you have future changes. For your convenience, we have also posted update forms on our website: <http://medicine.usask.ca/acb/bequeathal/forms>.

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.

I certify that all information above is correct and that I direct the Department of Anatomy and Cell Biology, College of Medicine, University of Saskatchewan to make these changes to my information on file.

Date: _____
Donor's Signature

B. CANCEL

To cancel, please **check the box** to the right, read the information below and **sign and date** the form. Upon the return of your form, we will cancel your bequeathal. All of your information, except details required for quality control will then be removed from the Body Bequeathal Program.

I wish to CANCEL bequeathal of my body after death to the College of Medicine, University of Saskatchewan
I no longer wish to be included in the Body Bequeathal Program. I therefore direct the Department of Anatomy and Cell Biology, College of Medicine, University of Saskatchewan to remove my file from their records and all information from the system except for information required for quality control. I understand that I may sign up at any time in the future by filling in new Bequeathal forms.

Date: _____
Donor's Signature

If possible, without revealing personal information, could you please let us know why you wish to withdraw from the program? The Department of Anatomy and Cell Biology requests this information only for the purpose of improving our body bequeathal program.
