

**Body Bequest Program**  
Private Bag 24 Hobart  
Tasmania 7001 Australia  
Phone 1800 792 661 Fax (03) 6226 2679  
Email Tracey.Walls@utas.edu.au



SCHOOL OF MEDICINE

19 June 2007

UNIVERSITY OF TASMANIA

Dear Sir / Madam

Thank you for your enquiry about the University of Tasmania's Body Bequest Program. Please find attached a set of the appropriate forms.

Before proceeding with this bequest you should read the Program information (available on the website and in our brochure download) and then discuss your intentions with your family so that they are aware of your wishes.

Should you wish to continue with the bequest could you please complete all sections of the four (4) forms attached and:

- return one copy to this department;
- give one copy to your solicitor if you have made a will;
- give one copy to your next of kin or the executor of your will; and
- keep one copy at home with your personal papers.

Once your form has been received a yellow Donor Identification card will be sent to you together with a confirmation letter. The card is designed to be carried in your wallet or purse to ensure recognition of you as a body donor for the University.

Complete confidentiality of client details is ensured throughout the entire body bequest process. The information that we obtain from your donor form is required by the Registrar of Births, Deaths and Marriages and is used for this purpose only. We therefore need this information to be as complete and accurate as possible. The next of kin details on the back of the form are used by us to contact the nominated person at the end of the donation process.

Your participation in this Program is entirely voluntary and you are free to withdraw your consent for your donation at any time.

If you have any future questions about the Program please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'T Walls', with a large, sweeping flourish underneath.

Mrs Tracey Walls  
Administrator, Body Bequest Program

Internet

## ANATOMICAL DONOR FORM

The following personal information is required by the Registrar of Births, Deaths and Marriages. It is not used to contact any person except the nominated next of kin or Executor (back of form).

**NOTE:** If you wish to withdraw your bequest or if any of the following information changes please advise the Body Bequest Program at the Faculty of Health Science.

Mr Mrs .....  
 Ms Miss SURNAME GIVEN NAMES

Present address .....  
 ..... Phone number

Date of Birth  Place of birth

If born overseas, year of entry into Australia  Religion

Retired? Yes / No Occupation (before retirement / current)

Father's full name

Mother's full maiden name

**Details of marriage/s** (even if divorced. If married more than once, please give details for each)

Where married (town / country)	full date of marriage	Age	Partner's full name (before marriage)
1.	...../...../.....		
2.	...../...../.....		
3.	...../...../.....		
4.	...../...../.....		

**Children from all relationships** (including legally adopted\* and deceased children)

Given Names	*If adopted write (A) after name	Date of Birth or 'Deceased'	Given Names	*If adopted write (A) after name	Date of Birth or 'Deceased'
1.		...../...../.....	5.		...../...../.....
2.		...../...../.....	6.		...../...../.....
3.		...../...../.....	7.		...../...../.....
4.		...../...../.....	8.		...../...../.....

Name and address of your Regular doctor

**THE BACK OF THIS FORM MUST BE READ AND SIGNED**

Please provide details of your next of kin (or executor) who will be able to give any additional information at the time of death for registration purposes and who will be notified after the cremation has been completed.

Name: ..... Relationship: .....  
Address: .....  
..... Telephone: .....

I give permission for any of my remains to be retained by the University of Tasmania:

(Please tick ONE (1) box only)

Indefinitely

5 years

other (not less than 3 years)

**PLEASE READ CAREFULLY BEFORE YOU SIGN**

1. It is important that you discuss your intentions with your family so that your wishes may be followed. If the next of kin of the deceased are unhappy regarding the bequest to the University, the Faculty of Health Science may be unable to accept your bequest.
2. If hospitalised, please ensure that the doctor and medical staff are aware of your wish to bequest your body to the University so that in the event of your death they can contact the Body Bequest Program without delay.
3. Unless the circumstances at the time of death compel the University to decline your offer, the Faculty of Health Science will make arrangements and meet expenses in connection with the removal and transport and eventual cremation of your body. The Faculty may retain your body for 5 years unless otherwise specified above.
4. **The University reserves the right to decline acceptance, for any reason, of your body after death\***. If the University declines to accept your body, it will not be responsible in any way for your funeral arrangements or associated costs. Consequently, you and your family are strongly advised to agree on alternative arrangements in the event that your body is unable to be accepted at your time of death.

\* Some reasons why the University is unable to accept a body are: body subjected to a post mortem examination, a recent operation prior to death, the possible existence of a contagious disease, or any other medical grounds, or non-medical grounds, e.g. if the body is not received within four days of the death or if the storage facility is full.

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This is to acknowledge that I have read the above information and, having done so, confirm that it is my wish that my body, after death, be made available to the Faculty of Health Science, University of Tasmania, under the provision of the Anatomical Examinations Act 2006, to be used in whatever way shall be deemed most beneficial for the advancement of medical studies and education. I also hereby authorise the University of Tasmania to have full access to my medical records and to make copies of these records when necessary. I understand that the University reserves the right to decline acceptance of my bequest.

Donor's signature: ..... Date: .....  
Senior Next of Kin / Executor signature: ..... Date: .....  
Witness' signature: ..... Date: .....

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**NOTES FOR PERSON IN ATTENDANCE AT TIME OF DEATH**

Before making any other arrangements please contact the University's Body Bequest Program as soon as possible, but definitely **within 4 days of the death** on 1800 792 661 (9 am – 7 pm, 7 days a week).

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**Father's full name**

**Mother's full maiden name**

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