

Thank you for your interest in the University of Tasmania's Body Bequest Program.

Before proceeding with this bequest you should review the Program information and then discuss your intentions with your family so that they are aware of your wishes.

Should you wish to register with the Body Bequest Program, please complete all sections of the registration form below and return it to:

Body Bequest Program  
University of Tasmania  
Private Bag 34  
Hobart, TAS 7001

Upon receipt of your completed registration form we will send you an acknowledgement letter together with a donor ID card and copies of your form for you to give to your next of kin / Executor etc.

Complete confidentiality of client details is ensured throughout the entire body bequest process. The information that we obtain from your registration 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 further questions about the Program please do not hesitate to contact us.

Kind regards

Body Bequest Program Team

Internet

## **BODY BEQUEST PROGRAM REGISTRATION**

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 / Executor on the back of the 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 College of Health and Medicine.

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 your 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

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: .....

Are you a participant in any of the following University of Tasmania studies?

Tas Healthy  
Brain Project ☐

ISLAND  
Clinic ☐

Other (please specify) ☐  
.....

**I wish to donate my:**

Body ONLY (BBP) ☐

Body (BBP) and brain (via brain bank) \*\* ☐

**\*\* Please note** you must select indefinite retention and image consent when choosing to donate your brain.

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

Indefinitely (Brain Bank) \*\* ☐

5 years ☐

☐ I consent to the use of images of my body or parts of my body for education, training or research purposes. I understand that these images will not be identifiable.

**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 College of Health and Medicine 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 College of Health and Medicine will make arrangements and meet expenses in connection with the removal and transport and eventual cremation of your body.
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 any 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, 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 five days of the death or if the storage facility is full.

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 College of Health and Medicine, 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: .....

Next of Kin / Executor signature: ..... Date: .....

Witness' signature: ..... Date: .....

(If there is no Next of Kin or Executor)

**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 5 days of the death** on 1800 792 661 (9am – 5pm, Monday - Friday).