

Tel: 011 717 2441

APPLICATION FORM FOR REGISTRATION AS A BODY DONOR, FOR THE PURPOSES OF MEDICAL EDUCATION AND RESEARCH

Full name (in block letters)											
I. D. or Passport Number											
Date of Birth: Please circle your response											
						Sex: Male / Female					
Race: Black / White / Coloured / Indian / Asian / Other Marital Status*: Single / Married / Divorced / Widow/ Widower Nationality Occupation*											
						Residential Address					
Postal Address											
Contact Details:											
Mobile number:											
Landline number:											
Email Address: * indicates questions that are not compulsory											



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I wish to be registered as a Body Donor, and I declare that I have added the necessary codicil to my Last Will and Testament. I accept the conditions of the School of Anatomical Sciences as set out in the accompanying letter regarding the acceptance of my body following death, and of the disposal of my remains.

Signature of Donor:	
Witness 1 (full name):	
Witness 1 (signature):	
Witness 2 (full name):	
Witness 2 (signature):	
Signed atonday of	20
Please circle the appropriate answer:	
1. I would like to donate my corneas for organ tissue transplant.	[Yes / No]
2. I wish for my family to collect my ashes following cremation	
	[Yes / No]
If you wish your ashes to be collected by your family, it is very it that we are able to contact them. Thus, please provide the detail person that will be collecting your ashes, on page 3 of this applicance may take up to 3 years for the ashes to be available.	ls of the
We do not want to collect ashes. My body can thus be retained by the School indefinitely for educational and research purposes.	

Page 2 of 4

[Yes / No]



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4. Do you consent to your remains being transferred to another teaching institution in Gauteng?

[Yes / No]

Name and address of the person who should receive your ashes:		
Full name:		
Address:		
Contact Details:		
Mobile number:		
Landline number:		
Email Address:		
Relationship to deceased:		
Please keep in mind that the School of Anatomical Sciences will only retain the ashes of the deceased for collection by the person named above, for a maximum period of 5 years from the date on which the body is received by the School. Thereafter the ashes will be disposed of in an ethically acceptable manner.		



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FOR OFFICE USE ONLY

1.	Ashes received from crematorium:	Signature:
		Date:
2.	Ashes received by (relatives):	Signature:
		Date:
3.	Remarks	