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[www.anatomy.med.ualberta.ca](http://www.anatomy.med.ualberta.ca)**DONOR REGISTRATION**

It is my wish that after death my body be donated to the Division of Anatomy at the University of Alberta, Edmonton for anatomical studies and research.

*(Please check one)*

My family  **does**  **does not** wish to claim my remains for burial or cremation.

Mr  
**Name**  Mrs \_\_\_\_\_  
 Ms \_\_\_\_\_  
**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Province** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return completed form to:**Anatomical Gifts Program  
Division of Anatomy  
Faculty of Medicine & Dentistry  
5-01 Medical Sciences Building  
Edmonton, AB T6G 2H7**Or by email to:**Jason Papirny, Program Coordinator, Anatomical Gifts Program  
[jpapirny@ualberta.ca](mailto:jpapirny@ualberta.ca)**THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**

Under the terms of the Alberta Freedom of Information and Protection of Privacy Act, by signing this form I hereby give permission to the Division of Anatomy to collect and use my personal information for the purpose of administering the University of Alberta Anatomical Gifts Program.

File # \_\_\_\_\_