

Body Donation Program

CMCC Department of Anatomy



The Anatomy Act – Province of Ontario

PART I - DONATION OF BODY TO SCHOOL OF ANATOMY

I, _____
(Print full name)

having attained the age of 16 years, hereby consent in accordance with Section 4 of The Trillium Gift of Life Network Act, to the use of my body after death for medical education or for scientific research at the School of Anatomy at the Canadian Memorial Chiropractic College or at any other School of Anatomy.

Dated at _____, this _____ day of _____ 20_____.

Name _____
(Signature of Donor)

Address _____

PART II - DONATION OF BODY TO SCHOOL OF ANATOMY BY NEXT-OF-KIN OR A PERSON LAWFULLY IN POSSESSION

I, _____
(Print Full Name)

being the next-of-kin or a person lawfully in possession of the body of

(Print Full Name of Donor/Deceased)

hereby consent in accordance with Section 5 of The Trillium Gift of Life Network Act, to the use of the said body after death for medical education or for scientific research at the School of Anatomy at the Canadian Memorial Chiropractic College or at any other School of Anatomy.

Dated at _____, this _____ day of _____ 20_____.

Name _____
(Signature of Representative)

Relationship _____

Address _____

Note:
PART I - To be completed by the person wishing to donate his/her body when that decision is made.
PART II - To be completed by the next-of-kin or person lawfully in possession of the body only when the deceased has not personally donated his/her body by completing the first part of the form.