

Body Donation Program

CMCC Department of Anatomy



Return of Ashes

This form is to be RETAINED by you along with your copy (page 7) of the Bequeathal Form (THE ANATOMY ACT - PROVINCE OF ONTARIO).

This form is to be completed by your next-of-kin or executor AT THE TIME OF YOUR DEATH and sent to the DEPARTMENT OF ANATOMY at CMCC.

I DO wish to have the ashes returned for a private interment at the expense of the estate of the deceased.

I DO NOT wish to have the ashes returned for a private interment at the expense of the estate of the deceased.

I DO give permission to CMCC to retain any parts of the donated body for an indeterminate time if required for educational or research purposes.

I DO NOT give permission to CMCC to retain any parts of the donated body for an indeterminate time if required for educational or research purposes.

Name _____

Address _____

Relationship to deceased _____

Date _____ Signature _____

IF YOU SHOULD MOVE, it is important that you inform the Department of Anatomy at the Canadian Memorial Chiropractic College of your change of address in order that the necessary information can be forwarded to you.