

PART A: To be completed by the person making the donation in the presence of your witness

Title:..... Surname / family name:.....

Forename(s):..... Date of Birth:.....

Address:.....

..... Postcode:.....

Email address:..... Tel no:.....

I prefer to be contacted by

☐ PostTelephone ☐Email ☐

I WISH TO DONATE MY BODY AFTER MY DEATH. I UNDERSTAND THAT IT MAY BE USED FOR ANATOMICAL EXAMINATION, EDUCATION, TRAINING AND RESEARCH.

My wishes (I understand that the university may not be able to accept my donation offer for medical or logistical reasons) - Please tick as appropriate:

1. ☐ I do not place any restriction on the length of time that my body or parts may be retained. *(This option will give the maximum benefit to the University from the donation of your body)*

OR

2. ☐ My body can be retained for a maximum of 3 years only
- a. ☐ Parts of my body may be retained for longer than 3 years
- b. ☐ No part of my body may be retained after cremation.

In addition:

3. ☐ I consent to the use of digital images and 3D scans of my body or parts. I understand that they will be used for education, training and research and that I will not be identifiable in these images.
4. The Norwich Medical School will organise for your remains to be cremated. Following cremation would you prefer your ashes to be:
- a. Scattered at Thanksgiving Service ☐
- b. Released to a relative ☐

If you would prefer for cremation or burial arrangements to be made by next of kin or executors, please note this below

Contact details of next of kin / executor (if applicable):

DONOR SIGNATURE: _____ **DATE:** _____

D3 UEA donation form

Please turn to next page.

PART B: Witness declaration (signature of witness)

I confirm that I have witnessed (*name of donor*) _____ completing part A of this form and that they are in a position to do so.

Witness Surname/family name: _____ Forename(s): _____

Relationship to donor: _____

Address: _____

Postcode: _____

WITNESS SIGNATURE: _____ **DATE:** _____

Please complete and return to the above address, a copy will be returned to you for you to keep with your Will or legal papers.

Disclaimer

By completing this form, you agree for your information to be retained on our secure database; also shared with other medical schools where appropriate; and agree to be contacted in the future in relation to your donation.

The University cannot guarantee to accept your donation offer on receipt of your completed form.

Please be aware that fraudulent completion of this form could lead to criminal prosecution.