THE UNIVERSITY OF WESTERN AUSTRALIA

Please mail originals to:
UWA Body Donation Program
School of Human Sciences
M309, 35 Stirling Highway
Crawley WA 6009

Schedule A

Form B (1)

Anatomy Act 1930

Donor Information Form

Title:	Mr, Mrs, Miss, Ms, Dr
First name:	
Middle:	
Surname:	
Date of Birth:	
Address:	
	State Postcode:
Gender:	Male ☐ Female ☐
Phone number:	
Email:	

The following information is required for the School to register the death of a donor with the Registry of Births, Deaths & Marriages.

Donor	
Place of Birth:	
Religion:	
Years lived in Australia (if born overseas):	Year of Arrival (if born overseas):
Main Occupation: *(during working life)*	Main Tasks:

Next of Kin
Name:
Address:
Relationship to donor:
Phone: Email:

Executor/Power of Attorney
Name:
Address:
Relationship to donor:
Phone: Email:

Current Marital Status (please circle one)

Single Married Divorced Widowed Separated De facto

Details of Marriages *Please provide details of all marriages even if divorced or separated*		
Where Married (Town/Country)	Full Date	Partners Full Name (before marriage)

Children Details		
Given Names	Date of Birth	Deceased Y/N
1.		
2.		
3.		
4.		
6.		
7.		

Parent Details	
Fathers Full Name:	Deceased Yes/No
Main Occupation: *(during working life)*	
Mother's Full Name:	Deceased Yes/No
Mother's Maiden Surname:	
Main Occupation: *(during working life)*	

Cremation of Remains	**YES**	**NO**
Does your next of kin wish to be notified at the time of cremation?		
Does your next of kin wish to collect the ashes? *If no, the ashes will be interred in the University's Memorial Garden at Karrakatta Cemetery.*		
Do you consent to your name being inscribed on a Memorial Plaque if interred in the Memorial Garden?		
Do you consent to your name being read at a Memorial Service? *A Memorial Service is held every 3 years and is a non-religious ceremony. A dedication of thanksgiving is expressed in the presence of relatives, special guests and students to acknowledge those who donated their mortal remains to the University and who have been cremated in that period. Names read at the service are added to the Book of Remembrance.*		
Under current legislation, the University may retain a portion of cadaveric material indefinitely for research and teaching purposes. Do you agree to this?		
Have you made a will?		
Do your next of kin wish to attend the Memorial Service?		

Donor Consent Form

Consent	***To be read and signed by the Donor AND Next of Kin***
	The University reserves the right to decline acceptance, for any reason, of your body after your death. If the University declines to accept your body, it will not be responsible in any way for your funeral arrangements or the costs associated therewith. Consequently, you and your next-of-kin are strongly advised to agree on alternative funeral arrangements to be put into effect if the University is unable to accept your body at the time of your death. *This is to acknowledge that I have read the information provided on the UWA Body Donation Program and, having done so, confirm that my body, after death, be made available to The School of Human Sciences, The University of Western Australia, to be used in whatever way shall be deemed most beneficial for the advancement of medical studies.* _____ Donor's Signature Date _____ Witness Date Witness Name: _____ Witness Address: _____ Postcode: _____ Telephone: _____ Relationship to donor: _____
Data Collection and Privacy	The donor consents to UWA accessing my medical information for the purposes of screening and determining eligibility for acceptance into the body donation program. This is in adherence to the *Public Health Act 2005*, *Federal Privacy Legislation* and *Human Tissue and Transplant Act 2026*.