



REGISTRATION FORM

COMPLETE THIS PAGE AND RETURN TO:

Body Donation Program
Department of Cell Biology & Anatomy
Faculty of Medicine
University of Calgary
3330 Hospital Drive NW
Calgary AB T2N 4N1

It is my wish that, after my death, my body be delivered to the Department of Cell Biology & Anatomy, Faculty of Medicine at the University of Calgary to be used for medical education or medical research.

I am 18 years of age or over. I do not object to the cremation of my remains following study.

Signature _____ Sex: Male _____ Female _____

Name in full (please print) _____ Birth Date _____

Street Address _____

City _____ Province _____ Postal Code _____

Date _____ Telephone _____