



FACULTY OF MEDICINE

Body Donation Program
Department of Cell Biology & Anatomy
Telephone: (403) 220-6950
Fax: (403) 220-8506

SECTION B

COMPLETE THIS PAGE AND GIVE TO EXECUTOR OR NEXT OF KIN

Last Name Given Name(s)

Complete Address

City Province Postal Code

Legal Marital Status (check one): Never married ___ Widowed ___ Divorced ___ Married ___ Separated ___ Common-law ___ Unknown ___

Spouse or Common-law Spouse's Legal Last Name (if male) or Legal Maiden Name (if female)

Work done most of life: Type of Business (department store, bank, at home) Occupation (office clerk, salesperson, computer operator, carpenter, homemaker)

Birth date (Month/Day/Year) Birthplace Alberta Health Care Number

Mother: Legal Maiden Last Name(s) Full Given Name(s) Place of Birth: City/Town/Village Province/Country

Father: Legal Last Name(s) Full Given Name(s) Place of Birth: City/Town/Village Province/Country

THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

This information is collected under the authority of the Vital Statistics Act and the Freedom of Information and Protection of Privacy Act. It is required to complete documentation that is necessary for the donation of your body. If you have any questions about the collection or use of this information contact the Body Donation Program, Department of Cell Biology & Anatomy at (403) 220-6895.

EXTRACTS FROM THE VITAL STATISTIC ACT, PROVINCE OF ALBERTA

- 14 (2) The personal particulars of the deceased person shall, on the request of the funeral director, be completed in the prescribed form and delivered to the funeral director
 - (a) by the nearest relative of the deceased present at the death or in attendance at the last illness of the deceased,
 - (b) if no such relative is available, by any relative of the deceased residing or being within the registration district,
 - (c) if no relative is available,
 - (i) by any adult person present at the death
 - (ii) by any other adult person having knowledge of the facts, or
 - (iii) by an adult occupant of the house in which the death occurred, or
 - (d) by the medical examiner who has made an investigation under the Fatality Inquiries Act
- (4) On receipt of the personal particulars respecting the deceased and of the medical certificate or the interim medical certificate, the funeral director shall complete the statement in the prescribed form, and shall forthwith deliver the completed statement to the district registrar of the registration district in which the death occurred or, if the place of death is not known, to the district registrar of the registration district in which the body was found.