

NORTH CAMPUS 205 Humber College Blvd. Toronto, ON M9W 5L7

humber.ca

Faculty of Health Sciences & Wellness

The Anatomy Act - Province of Ontario

Part I – Donation of bod	y to the <u>Funeral Service P</u>	<u>rogram</u>		
I.	(Prin	t Full Name) ha	ving attained th	e age of 16 years, hereby
consent in accordance	with Section 4 of The Trill	ium Gift of Life I	Network Act, to	e age of 16 years, hereby the use of my body after gram at Humber College.
Dated at:	(location)	Date:		(day/month/year)
Next-of-Kin or executor/ex	xecutrix			
		(Signature)		
		(Telephone I	Number)	
		(Email Addre	ess)	
Donor				
)	
		(Email Add	ress)	
I,		ull Name) being th nt Full Name) her d body after deat	he next-of-kin or reby consent in a	a person lawfully in possession accordance with Section 5 of The
Dated at:	(location)	Date:		(day/month/year)
Next-of-kin or person lawf	•			
)
		(Em	nail Address)	
		(Re	lationship to Dec	eased)
Note Double Observed			/I I I	that dealers to

Note: Part I – Should be completed by the person wishing to donate his/her body **when that decision is made**. Part II – Should be completed by the next-of-kin or person lawfully in possession of the body **only** where the deceased has not personally donated his body by completing the first part of the form. Complete either part I or part II of the form. **PLEASE RETURN THIS FORM TO HUMBER COLLEGE**



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Authorization Form

To Whom It May Concern:	
I,being EST	ATE TRUSTEE or Next of Kin or
person lawfully in possession of the late	give
my permission to donate her/his body to the Fu	neral Service Program, Humber
College.	
(Pri	nted Name)
(Sig	nature)
(Ad	dress)
(Ph	one Number)
(Da	te)

PLEASE RETURN THIS FORM TO HUMBER COLLEGE

Application-Documents-Funeral-Service-Program