

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 body t	o the <u>Funeral Service F</u>	Program Program		
I, consent in accordance wi education or for	(Pri th Section 4 of The Git scientific research at t	nt Full Nam t of Life Act he Funeral	e) having attained t, to the use of my Service Program	d the age of 16 years, hereby y body after death for medical at Humber College.
			•	(day/month/year)
Next-of-Kin or executor/exec				
		(Email	Address)	
Donor				
		(Sign	ature)	
		(Addr	ress)	
		(Ema	il Address)	
of the body of	(P Act, to the use of the sa	rint Full Nam id body afte	e) hereby consent	n or a person lawfully in possession in accordance with Section 5 of The I education or for the scientific
Dated at:	(location)	Date: _		(day/month/year)
Next-of-kin or person lawfull	y in possession			
·	,		(Signature)	
			(Address)	
			(Telephone Num	nber)
			(Email Address)	
			(Relationship to	Deceased)
Note: Part I – Should be con	npleted by the person wi	shing to dona	_ ` .	,

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



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

humber.ca

Faculty of Health Sciences & Wellness

Humber Authorization Form

PLEASE RETURN THIS FORM TO HUMBER COLLEGE

To Whom It May Concern:		
I, bein	g ESTATE TRUSTEE or Next of Kin or	
person lawfully in possession of the late		give
my permission to donate her/his body to	the Funeral Service Program, Humber	
College.		
_	_ (Printed Name)	
	(Signature)	
	(Address)	
	_ (Phone Number)	
	_ (Date)	
	_ ` '	