

Bequest Office,  
Centre for Comparative and Clinical Anatomy,  
University of Bristol,  
Southwell Street,  
Bristol, BS2 8EJ



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### BEQUEST FORM – UoBANAT1

#### Part A: To be completed by person making donation

Title.....Surname.....Forename(s).....

Address.....

.....Postcode.....

Telephone.....Date of Birth.....Religion (if applicable).....

**I WISH TO DONATE MY BODY AFTER MY DEATH. I UNDERSTAND THAT IT MAY BE USED FOR:**

- ANATOMICAL EXAMINATION
- EDUCATION OR TRAINING RELATING TO HUMAN HEALTH
- RESEARCH IN CONNECTION WITH DISORDERS, OR THE FUNCTIONING OF THE HUMAN BODY

**Please tick as appropriate - Option 1, 2, 2a**

**Option 1**  I do not place any restrictions on the length of time that my body or body parts may be retained  
*(This option will give the maximum benefit to the University from the donation of your body)*

**Option 2**  My body can be retained for a maximum period of 3 years.

**Option 2a**  Following the disposal of my body parts of my body may be retained.

I confirm that I have read and understand the information contained in ‘Donating Your Body to the Centre for Comparative and Clinical Anatomy, University of Bristol’ information booklet.

Signature of Donor.....Date.....

#### Part B: Witness declaration (signature of next of kin, executor, GP, friend etc.)

I confirm that I have witnessed.....completing Part A of this form  
*(insert name of donor)*

Surname/Family name.....Forename(s).....

Address.....

.....Postcode.....Relationship to donor.....

Signature of Witness.....Date.....

**Please send completed form to:** Bequest Office, Centre for Comparative and Clinical Anatomy, University of Bristol, Southwell Street, Bristol, BS2 8EJ. A copy of the form will be sent to you to keep with your Will/Legal papers.