

Bequest of Bodies under the HUMAN TISSUE ACT 2008

Please complete this form to accompany the deceased

The care of the under-mentioned person is hereby signed over to the University of Auckland FMHS.

Name (deceased):	
Age:	Gender:
Place of death:	Date of death:
Cause of death:	

Please circle YES or NO & initial

<input type="checkbox"/> YES/NO Consent is given for the Human Body Bequest Programme to access the medical records
<input type="checkbox"/> YES/NO Consent is given for the Human Body Bequest Programme to retain the body or part thereof
<input type="checkbox"/> YES/NO Ashes to be interred at the University of Auckland plot at Mangere Memorial Gardens
<input type="checkbox"/> YES/NO Or Ashes to be collected from University of Auckland FMHS by Next of Kin (named below)

Person authorising donation of body to the University of Auckland FMHS acting on behalf of and with the consent of the entire family: (Next of Kin or person legally in possession of the body)

Name:	Date:
Relationship to deceased:	Phone:
Address:	Email:
Signature:	

Funeral Director transferring body to the University of Auckland FMHS:

Company:	Director:
Address:	
Phone:	Email:

University of Auckland use only

To the head of the Department of Anatomy and Medical Imaging:
The body of the above-described person has been received at the University of Auckland FMHS.
Delegated Representative:

Date: _____

Contact us:

Human Body Bequest Programme
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Email: bodybequest@auckland.ac.nz
The University of Auckland
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Human Body Bequest programme – Next of kin form
Version 1, February 2022
Governed by the University of Auckland
Faculty of Medical and Health Sciences (FMHS)
Department of Anatomy and Medical Imaging