



Canadian Memorial Chiropractic College
Department of Anatomy. Body Donation Program

Contacts/Next-of-Kin

Donor's Name _____ Donor's Date of Birth _____

| First Name | Last Name | Relationship | Address | Telephone | Email |
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Please indicate preferred way of communications for each person

The personal information provided on this form will only be used and protected in accordance with the Personal Information Protection and Electronic Documents Act (PIPEDA).