FATHER MULLER CHARITABLE INSTITUTIONS

Father Muller Road, Kankanady, Mangalore – 575 002
Phone: 0824-2238000

CERTIFICATE FOR BODY DONATION

I hereby offer the use of my body after death to **Father Muller Charitable Institutions, Kankanady, Mangalore** as per the regulations of *The Karnataka Anatomy Act, (amendements thereafter).* I consent to the anatomical examination of my body after my death, and to the dissection and removal of tissue from my body for the purposes of its use for medical teaching or scientific research purposes determined by the Institution. Upon completion of the use by the Institution, the remains of the body shall be disposed by the Institutional authorities in a scientific and dignified way. I understand that circumstances may make it impossible for Institution to accept my offer. I am not seeking any gains, monetary or otherwise in this donation. I am also not appending any conditions, binding on FMCI in offering this Donation.

Full Name (BLOCK Capitals) ……

Sex …… Marital Status ……

Address……

……

……

(Please notify the Institutional authorities of any change of address)

Date of Birth …… Phone No……

Signature Attested By Donor

Details of Next-of-kin / Nearest Relative

1. Name:
   Relationship to Donor:
   Address:

   Phone No.:

2. Name:
   Relationship to Donor:
   Address:

   Phone No.

1. Signature of Authorised Person.

Witness # 1

Signature:
Name:
Relation (if any):
Address & Phone No:

2. Signature of Authorised Person

Witness # 2

Signature:
Name:
Relation (if any):
Address & Phone No: