FATHER MULLER CHARITABLE INSTITUTIONS

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

CONSENT FOR BODY DONATION

Hereby, I give my consent to donate the dead body of Mr/Mrs/Ms.....aged.....years to the Father Muller Charitable Institutions, Mangalore for the purpose of conducting anatomical examination and dissection or research purposes. I confirm that there is no obligation in the cause and manner of death of the deceased person.

I declare that the deceased person had no obligation in donating his/her body for the above said purpose after his/her death. Further, I declare that the relatives of deceased person have no objection in donating the dead body for the above said purpose.

Place: Signature:

Date: Name:

Relation to Deceased:

Address & Phone:

Note:

1. Copy of a certificate from treating medical practitioner regarding the cause and manner of death of the deceased person should be attached along with the consent form duly signed with name of the doctor in capital letters and Reg. No.
2. Copy of Aadhar Card of the deceased