KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY COLLEGE OF HEALTH SCIENCES

SCHOOL OF MEDICAL SCIENCES DEPARTMENT OF ANATOMY



BODY DONOR PROGRAMME CERTIFICATE OF BEQUEATHAL

| *PLEASE TICK WHERE APPROPRIATE $[v]$ | | | | | | | |
|--|-------------|-------------------|--|--|------------------|-------------------|---------------------------|
| I hereby donate []My Body []The Body Of | | | | | | | |
| FIRST NAME | | DLE NAMES | | | | SURNAME | |
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| DATE OF BIRTH (DD/MM/YYYY) | BIRTH PLACE | | VOTERS ID C | ARD NUMBER | NATIONAL ID NUM | MBER | SOCIAL SECURITY/ GUSS NO. |
| FATHER'S FULL NAME | | | MOTHER'S FULL NAME PRIOR TO MARRIAGE | | | | |
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| To be delivered after deat | of Anatom | v, School of N | , School of Medical Sciences, Kwame Nkrumah University | | | | |
| of Science and Technology, Kumasi, Ghana for the legitimate purposes of Medical study and Research. stipulate | | | | | | | |
| such delivery as soon as possible. I am aware that certain physical and/or medical conditions at death may prohibit the | | | | | | | |
| Department of Anatomy from accepting some anatomical gifts. | | | | | | | |
| Medical History* | | | | | | | |
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| *A brief medical history ca pertinent (e.g. heart by-pa | | | | • | | | |
| You do not need to include | | • | • | ement, carulo | vasculai uisease | , etc.) mis | |
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