Western Australia

Anatomy Act 1930

Anatomy (Forms and Fees) Regulations 1933

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Western Australia

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##### 1. Citation

 These regulations may be cited as the *Anatomy (Forms and Fees) Regulations 1933* 1.

 [Regulation 1 inserted in Gazette 12 June 1992 p.2417.]

##### 1a. Forms

 The forms set out in Schedule A are prescribed as the forms to be used under the Act.

 [Regulation 1a inserted in Gazette 12 June 1992 p.2417.]

[**2-3.** Deleted in Gazette 22 January 1999 p.213.]

Schedule A

[Forms A and B deleted]

**Form B(1)**

*Anatomy Act 1930*

To the Principal of the……………………………………

 School of Anatomy.

It is my wish that my remains after death be anatomically examined at the ………………………………………………….School of Anatomy for the advancement of medical education.

My personal particulars are: —

Full Name: ………………………………………………………………………..............

Usual Address: …………………………………………………………………...............

Date of Birth: …………………………………………………………………….............

Religious Persuasion: ……………………………………………………………............

Name and address of senior next of kin: ……………………………………………………………………………………..

Preference as to disposal of remains (burial or cremation): ……………………...............

……………………………………………………………………………………

I have/have not made a will. (Give name and address of executor if will made.)

Signature: ……………………………………………………...

Witness (signature): …………………………………….……….

(Address): ………………………………………………………..

Note. — Persons who offer their remains for anatomical examination should inform their senior next of kin of their wishes and ask them to co‑operate with the School of Anatomy. If a will has been made it is important that the executor be informed also. A copy of this statement will be supplied for filing with the will on request.

[Form B(1) amended in Gazette 30 June 2003 p. 2592.]

**Form B(2)**

*Anatomy Act 1930*

To the Principal of the …………………………………………………………................

 School of Anatomy.

In accordance with the wish expressed by the late ……………………………….............

………………………………………of…………………………………………..............

who died at ………………………….….on ……………………………………..............

I have arranged for his/her body to be delivered to you by ……………………...............

…………………………………………………for anatomical examination.

Particulars of the deceased person are as follows: —

Full Name:………………………………………………………………………...............

Usual Address:……………………………………………………………………............

Date of Birth:……………………………………………………………………...............

Religious Persuasion:……………………………………………………………...............

Preference as to disposal (burial or cremation):…………………………………..............

……………………………………………………………………………………..

Name and Address of executor or administrator of estate, if this advice is not completed by the executor or administrator ………………………….................................

……………………………………………………………………………………..

……………………………………………………………………………………..

Name and address of senior next of kin:…………….........................................................

……………………………………………………………………………………..

……………………………………………………………………………………..

 (Signature of Informant):…………………………………....

 Status of Informant (Executor, Administrator,

 senior next of kin, etc.):…………………………….........

 ..........................................................................................

 Date:………………………………………….......................

Note. — This form, together with a copy of the Death Certificate, should be delivered to the School of Anatomy with the body.

If the senior next of kin is available they should be requested to complete and sign the following statement: —

I,……………………………….……of …………………………………..............

being the senior next of kin, agree to the anatomical examination of his/her body in accordance with his/her wishes.

 (Signature):…………………………………..

 (Relationship):……………………………….

 (Address):……………………………………

 …………………………………………….....

[Form B(2) amended in Gazette 30 June 2003 p. 2592.]

**Form C**

*Anatomy Act 1930*

Notice to the Executive Director, Public Health and Scientific Support Services of the intended Removal of a Body for the Purpose of Anatomical Dissection.

 Date……………………….............19……….

Sir,

I desire to inform you that it is my intention to remove to the…………………................

School of Anatomy the body of…………………, an inmate of………………................,

who died here on………………………………, at the hour of…………………..............

Religious Persuasion of Deceased……………………......Sex………........Age………....

During life \* he/she has never expressed to me, nor, so far as I know, to any other person, a wish that \* his/her remains should not be submitted to anatomical examination.

I certify that the death in this case was not caused by an infectious disease, and that a medical certificate of the cause of death has been given.

(Official Designation)………………………….(Signed)………………………...............

\* Delete word not applicable.

**Form D**

*Anatomy Act 1930*

Notice to the Principal of the……………………………….School of Anatomy.

 Date………………………………..19…….

Sir,

I herewith send you, per (a)…………………………the body of………………...............

a (b)…………………………..who died on (c)………………………………................at (d)…………………………………..aged (e)………........(f)…………………………......

A certificate signed by a duly qualified medical practitioner and stating the cause of death must be furnished with this form.

 (Signed)………………….......……….

Lawful Custodian of Body.

(a) Here state name of conveyor of body. (b) Here state sex. (c) Date of death. (d) Place of death. (e) Age. (f) Religion of Deceased.

**Form E**

*Anatomy Act 1930*

Register No. ………………………………..

………………………………………School of Anatomy.

Date…………………………19……….

Received this day, from…………………………the body of…………………….............

lately an inmate of……………………………

…………………………………………

Principal

**Form F**

*Anatomy Act 1930*

Register No. ………………………………..

Notice from the Principal of the………………………………………..School of Anatomy to the Executive Director, Public Health and Scientific Support Services of Receipt of Body for Anatomical Examination.

Date…………………………19……….

Name of Deceased………………………………………………………………...............

Sex……….Age (as far as known)………………..Late abode…………………...............

Date of Death……………………………..Place of Death……………………….............

Religious Persuasion……………………………

Day and hour of receiving body at School of Anatomy —

By whom brought………………………………

To whom delivered………………………………

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I received with the body the certificate of the cause of death of………..…………………………………………which I herewith enclose.

(Signed)………………………………….

**Form G**

*Anatomy Act 1930*

Register No. ………………………………..

Notice from the Principal of the………………………………………..School of Anatomy to the Executive Director, Public Health and Scientific Support Services of having returned, for the purpose of sepulture, the remains of persons which have undergone Anatomical Examination.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Person whose dissected remains are to be buried. | When Received. | To whom given for Burial; that is to say, for Conveyance to the Cemetery. | Religious Persuasion of Deceased. |
|  |  |  |  |

(Signed)………………………………………..

(Date)……………………………….19……….

**Form H**

*Anatomy Act 1930*

Register No. ………………………………..

Authority for burial of remains of Person who has undergone

Anatomical Dissection.

Date……………………………19……….

To…………………………………………

..........................................................................

Sir,

You are requested to arrange the interment of the remains of ………………........ in the ……………………………… portion of the ………………………...... Cemetery.

Details of deceased are as follows: —

Date of death……………………………..

Age……………………………………….

Sex………………………………………..

Religious Persuasion……………………..

……………………………………………….

Principal.

……………………………………………….

School of Anatomy.

**Form I**

*Anatomy Act 1930*

Register No. ………………………………..

Acknowledgment of having received Dissected Remains of Body for

Interment.

I, this day received for interment, from the…………………….....…….School of Anatomy the remains of…………………………………………….........whose body was delivered at the School of Anatomy on the…………………………..........….and was entered in “Receiving Book” under the

 No. ……………………………….

(Signed)…………………………………..

(Date)………………………….19……….

To be filed and kept by the Principal of the School of Anatomy.

**Form J**

*Anatomy Act 1930*

Register No. ………………………………..

Notice to the Executive Director, Public Health and Scientific Support Services by Person receiving Dissected Body from……...............…………………………..School of Anatomy for the purpose of Burial.

Date……………………………19……….

Sir,

I, this day, received the remains of…………….……..........……..and conveyed same to ( \* )……………………..........for sepulture in the (†)………………………........portion of the Cemetery.

Accompanying is the certificate of the officiating clergyman.

(Signed)…………………………………

(Address)…………………………………

( \* ) Here name Cemetery (†) Here state Denomination

 [Schedule A inserted in Gazette 2 July 1948 pp.1467‑9; amended in Gazettes 17 December 1948 p.2975, 12 June 1958 pp.1291‑2; 29 June 1984 p.1781; 22 January 1999 p.213; 30 June 2003 p.2592.]

Notes

1 This is a compilation of the *Anatomy (Forms and Fees) Regulations 1933* and includes the amendments made by the other written laws referred to in the following table.

Compilation table

| **Citation** | **Gazettal** | **Commencement** |
| --- | --- | --- |
|  | 3 Feb 1933 pp.193‑4 | 3 Feb 1933 |
|  | 2 Jul 1948 pp.1467‑9 | 2 Jul 1948 |
|  | 17 Dec 1948 p.2975 | 17 Dec 1948 |
|  | 13 Jun 1958 pp.1291‑2 | 13 Jun 1958 |
| *Health Legislation Amendment Regulations 1984*regulation 4 | 29 Jun 1984 p.1780 | 1 Jul 1984 (see regulation 2) |
| *Anatomy (Forms and Fees) Amendment Regulations 1989* | 20 Oct 1989 pp.3838‑9 | 20 Oct 1989 |
| *Anatomy (Forms and Fees) Amendment Regulations 1992* | 12 Jun 1992 pp.2416‑7 | 1 Jul 1992 (see Regulation 2) |
| *Anatomy (Forms and Fees) Amendment Regulations 1998* | 22 Jan 1999 p.213 | 22 Jan 1999 |
| *Equality of Status Subsidiary Legislation Amendment Regulations 2003* Pt. 2 | 30 Jun 2003 p. 2581-638 | 1 Jul 2003 (see regulation 2 and *Gazette* 30 Jun 2003 p. 2579) |