

Medicine / Medical Sciences



For donors aged 16-18 years only:

A second declaration from another senior next of kin (eg other parent) is required.

Name (BLOCK capitals): _____
Given Names *Family Name*

Title: (Mr / Mrs / Ms / Miss / Dr) Relationship to donor: _____

Address: _____
(Please notify the UNSW Bequeathal Program of any change of address)

Telephone: (Home) _____ (Mobile) _____

Email Address: _____