

Administrative questionnaire

Please fill in the questionnaire below as completely as possible (in CAPITAL LETTERS), attach it to your hand-written will (see page 2) and send it to the Laboratory of Human Anatomy And Embryology.

Personal details

Name:

Surname:

Gender: male/female (delete as appropriate)

National ID number: _ _ _ _ _

Date of birth: __ / __ / ____

Place of birth:

Phone/mobile:

Other comments: (e.g., illnesses, pacemaker, prosthetics, transgender...):

.....
.....

Current address

N.B: please inform us of a change of address should you move (in writing or by email).

Street: No.: Box:

Postcode: Town:

Executor (e.g. family member, partner, GP, notary, acquaintance...)

Name:

Street: No.: Box:

Postcode: Town:

Phone/mobile:

I also grant the Laboratory of Human Anatomy and Embryology the permission to store my personal details in a computer database. My data may be accessed or changed by myself and by my executor.

Date and signature