

FORM 9

For unclaimed body in a hospital or prison

(To be completed by person in lawful possession of the unclaimed body)

[see rule 5(1)(b)]

I.....S/o,D/o,W/o.....aged.....
resident ofhaving
lawful possession of the dead body of Shri/Smt./Km.....
S/o,D/o,W/o..... aged.....resident of.....
.....and having known that no personhas come
forward to claim the body of the deceased after 48 hours of death and there being no reason to
believe that any person is likely to come to claim the body I hereby, authorise removal of his/her
body organ(s) and/or tissue(s), namely.....for
therapeutic purposes.

Signature, Name, designation and Stamp of
person In lawful possession of the dead body.

Dated.....Place.....

Address for correspondence.....

.....

Telephone No.....

Email

(Signature of Witness 1)

1.Shri/Smt./Km.....S/o,D/o,W/o.....
aged.....resident of.....
Telephone No.....Email.....

(Signature of Witness 2)

2.Shri/Smt./Km.....S/o,D/o,W/o.....
aged.....resident of.....
Telephone No.....Email.....