

FORM 9
FOR UNCLAIMED BODY IN A HOSPITAL OR PRISON
(To be completed by person in lawful possession of the unclaimed body)
[Refer rule 5(1)(b)]

I,S/o,D/o,W/o.....
aged.....Resident of.....having lawful possession of the dead body of
Shri/Smt./KmS/o,D/o,W/o.....aged.....
resident ofand having known that no person has 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.

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

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

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