

UNIFORM DONOR FORM

of

Print or type name of donor

In the hope that I may help others, I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires:

I give:

(a) _____ my needed organs or tissues

(b) _____ only the following organs or tissues – please specify the organ(s) or tissue(s) _____

for the purpose of transplantation, therapy, medical research or education.

(c) _____ my body for anatomical study if needed.

Limitations or special wishes, if any:

Signed by the donor and the following two witnesses in the presence of each other.
Please complete and carry at all times.

Signature of Donor _____

Date and Birth of Donor _____

Date Signed _____

City and State _____

Witness _____

Witness _____