

# DONOR DIRECTIONS FOR ANATOMICAL GIFT

Date: \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m.

I, \_\_\_\_\_ (Name of Donor), being of sound mind and over the age of 18 years, desire to donate the following parts of my body at my death for possible transplantation, therapeutic use, scientific study, or disposal as medical opinion determines:

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(A description of the organs or parts of the donor's body which are to be taken at death.)

I hereby specify that these above mentioned organs or parts of my body are to be delivered at my death to:

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(Here list the name, if specified, of the health institution, physician or the donee who is to receive the anatomical gift at the time of death.)

I hereby designate the following named surgeon or physician to carry out the above mentioned procedures:

\_\_\_\_\_  
("None designated," or the name of the physician)

I HEREBY STATE THAT THIS IS MY VOLUNTARY INTENTION, THAT I HAVE READ THE ABOVE PROVISIONS AND DIRECT THE PERSONS ASSUMING CUSTODY OF MY BODY TO RESPECT THESE WISHES.

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Signature of Next-of-Kin

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness