

# Uniform Donor Form

The undersigned hereby makes this anatomical gift, if medically acceptable, to take effect on death. The words and marks below indicate my desires:

I give:

(a) \_\_\_\_\_ any needed organs or parts

(b) \_\_\_\_\_ only the following organs or parts 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 witnesses in the presence of each other:

Donor's Signature \_\_\_\_\_ Donor's Date of Birth \_\_\_\_\_

Date Signed \_\_\_\_\_ City and State \_\_\_\_\_

Witness _____	Witness _____
Street Address _____	Street Address _____
City _____ State _____	City _____ State _____

You can use this form to indicate your choice to be an organ donor. Or you can designate it on your driver's license or state identification card (at your nearest driver's license office).