

ANATOMICAL GIFT

In the hope that I may help others, I, _____ (Full Legal Name), hereby make this anatomical gift, if medically acceptable, to take effect upon my death.

Personal Information

Full Name

Social Security No.

Street Address

Telephone Number

City, State, Zip Code

Next of Kin

Relationship

Street Address

Telephone Number

City, State, Zip Code

I GIVE:

_____ Any needed organs or parts

_____ Only the following organs or parts:

I have previously signed with a medical school. **Yes** ____ **No** ____

If yes, name of school:

I have the following special wishes concerning my anatomical gift:

I authorize the physician listed below to furnish my attending physician any pertinent medical information in the event of my death.

Physician's Name Telephone Number

Street Address

City, State, Zip Code

I have signed my Anatomical Gift on the ____ day of _____, _____, as witnessed below.

Signature of Donor

Witness

Printed Name

Witness

Printed Name