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).

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 #1 __________________________________________________________________________

Street Address _______________________________________________________________________

City __________________________ State ________ Phone ____________________________

Witness #2 __________________________________________________________________________

Street Address _______________________________________________________________________

City __________________________ State ________ Phone ____________________________

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