

UNIFORM DONOR CARD

of _____
[Print or type name of donor]

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

- I give: (a) _____ any needed organs or physical parts
- (b) _____ only the following organs or physical parts

[Specify the organ(s) or physical part(s)]

For purposes 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 at least 1 witness, in the presence of each other:

Dated: _____

[Signature of donor]

[Date of birth of donor]

[City and state]

Witness 1

Dated: _____

[Print or type name]

[Address and telephone number]

Witness 2

Dated: _____

[Print or type name]

[Address and telephone number]