

Organ Donation Form

I, _____ (Full address): _____
_____, give my organ, tissues, or parts as directed below. The Anatomical Gift will take effect upon my death.

I give: (initial one of the three options)

_____ any needed organs, tissues, or parts.

_____ any needed organs, tissues, or parts except: _____

_____ the following organs, tissues, or parts only: _____

I give my organs, tissues, or parts indicated above to be used for: (initial one of the two options):

_____ any purpose authorized by law.

_____ the following purposes only: (initial all that apply)

_____ transplantation _____ research

_____ therapy _____ education

Limitations or special wishes, if any: _____

If any provision in this document is held to be invalid, such invalidity shall not affect the other provisions, which can be given effect without the invalid provision, and to this end the directions in this document are severable.

Date Signed: _____

Donor Signature _____

Donor's Date of Birth: _____

I witnessed that the Donor signed this document in my presence. I am signing in the presence of and at the direction of the Donor and in the presence of the other witness:

Witness _____

Signature: _____

Witness _____

Signature: _____

Refusal to Donate Form

I, _____ (Full address): _____
_____, refuse to donate any of my organs,
tissues, or parts to be used for any purpose upon my death.

If any provision in this document is held to be invalid, such invalidity shall not affect the other provisions which can be given effect without the invalid provision, and to this end the directions in this document are severable.

Date Signed: _____

Nondonor: _____

Signature: _____

Nondonor's Date of Birth: _____

I witnessed that the Nondonor signed this document in my presence. I am signing in the presence of and at the direction of the Nondonor and in the presence of the other witness:

Witness _____

Signature: _____

Witness _____

Signature: _____