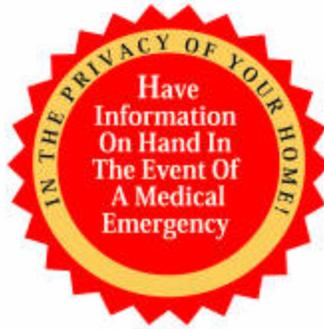




# *CareManager Home Organ Donation*



Organ Donation Form  
Refusal to Donate Form

**Celebrating our 15th Year**

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# 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: \_\_\_\_\_