

## UNIFORM DONOR CARD

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, tissues, or eyes;

\_\_\_\_\_ (b) only the following organs, tissues, or eyes: \_\_\_\_\_

\_\_\_\_\_ 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:

By: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Date: \_\_\_\_\_

City and State: \_\_\_\_\_

First witness:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Second witness:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_