



**Advance Directive  
Anatomical Gift Wishes**

Name: \_\_\_\_\_  
Last First Middle Initial

I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires. I give:

(A) \_\_\_\_\_ any needed organs or parts for the purpose of transplantation, therapy  
[initial] medical research, or education

(B) \_\_\_\_\_ only the following organs or parts \_\_\_\_\_  
[initial] [specify the organ(s) or part(s)]  
for the purpose of transplantation, therapy, medical research, or education

(C) \_\_\_\_\_ my body for anatomical study if needed.  
[initial]

Describe limitations or special wishes, if any (Optional):

Donor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

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

\_\_\_\_\_ Zip code: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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

\_\_\_\_\_ Zip code: \_\_\_\_\_

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

# Important Legal Document