



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

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