

UNIFORM DONOR CARD

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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 or parts;
(b) ____ only the following organs or parts

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:

Signature of Donor

Date of birth

Date signed

City & State

Witness

Witness

Address

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