



ELDER LAW & DISABILITY RIGHTS SECTION

Declaration of Anatomical Gift

I, _____, am of sound mind, and I voluntarily make this declaration. In the hope I may help others, I make the following anatomical gift to take effect upon my death. (You may check any one box, or both boxes A and C).

- A. Any needed organs or body parts for the purposes of transplantation, therapy, medical research, or education.
B. Only the following listed organs or body parts for the purposes of transplantation, therapy, medical research, or education:
C. My entire body for anatomical study.

Dated: _____ Signed: _____ (Your signature)

(Address)

OPTIONAL

I wish my gift to go to _____ (Insert name of doctor, hospital, school, organ bank, or individual)

I wish to have my body at my funeral: yes [] no []

STATEMENT OF WITNESSES

This declaration was signed in our presence by the declarant or at his or her direction. We sign below as witnesses in the presence of the declarant.

(Print name) (Signature of witness)

(Address)

(Print name) (Signature of witness)

(Address)