

# Uniform Donor Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

The undersigned hereby makes this anatomical gift, if medically acceptable, to take effect on death:

I wish to donate any organ and tissue

I wish to donate only the following organs or tissue:

Kidneys

Liver

Pancreas

Lungs

Eyes / Corneas

Bone Tissue

Skin Tissue

Heart

I **DO NOT** wish to donate any organ or tissue.

I wish to donate my body for anatomical study, if needed. Limitations or special wishes, if any:

\_\_\_\_\_  
\_\_\_\_\_

My gift of organs and tissues **MAY NOT** be used for medical research.

**Signed by the donor and the following witnesses in the presence of each other:**

**Donor Name:** \_\_\_\_\_

**Donor Signature:** \_\_\_\_\_

**1. Witness Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Witness #1 Signature:** \_\_\_\_\_

**2. Witness Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Witness #2 Signature:** \_\_\_\_\_

You can use this form to indicate your choice to be an organ donor, or you can designate it on your driver's license or state identification card (at your nearest Dept. of Motor Vehicles office)