## ORGAN DONATION

**DONATION.** I wish to donate my organs and other needed parts of my body when I pass away. This gift is to the organization selected by the physician who is primarily responsible for my comprehensive care when I pass away. This donation is of all needed organs or parts. This donation is for transplantation, therapy, medical research, and education.

**PERSONS TO BE NOTIFIED.** I will notify the persons whom I wish to know about the decisions I have made in this document. I also authorize any person keeping this document to inform the following:

- My physicians, health care representatives, advisers, family members and friends whose names and addresses I furnish to that person.
- Other physicians providing services to me when I am unable to make decisions for myself.
- Hospitals where I am a patient.
- Nursing homes where I am a resident.
- Organizations and agencies paying for my health care.

**PLACE WHERE I WILL KEEP THE ORIGINAL**. I will place the original of this document where I live.

**AMENDMENT OF THIS DOCUMENT.** I understand that I may amend this document at any time. However, each person providing medical care to me or reading this document shall assume that it remains in effect **unless** he or she sees my written amendment or sees a written statement from a physician that I have amended it.

**RELATIONSHIP TO OTHER DOCUMENTS.** This document overrides any earlier one to the extent that it is inconsistent with this one. No later document shall override this one unless it so states. If it does say that it supersedes this document, it shall do so only to the extent it is inconsistent with this one.

**RELEASE FROM LIABILITY.** No one examining this document and acting in good faith shall be liable for following my instructions or for mistakenly interpreting their meaning. Nor are they liable if they mistakenly interpret the meaning of this document.

**MY SIGNATURE.** I have not signed this document in order to receive medical treatment or to enter a hospital. I am at least 18 years of age and am emotionally and mentally competent to sign this document.

Date_____ Signature_____

**WITNESSES.** This document was signed voluntarily in the presence of both of us as witnesses.

Signature_____

**PLEASE PRINT BELOW**

Name_____

Address_____

City_____

State_____

Zip_____

Signature_____

**PLEASE PRINT BELOW**

Name_____

Address_____

City_____

State_____

Zip_____