ORGAN AND TISSUE DONOR CARD

NAME ____________________________

(Print or type name of donor)

In the hope that I may help others, I hereby make the 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 tissues
(b) only the following organs or tissues

(Specify the organ(s) or tissue(s))

for the purposes of transplantation, therapy, medical research or medical education.

(c) my body for anatomical study if needed.

Limitations or special wishes:

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

(Signature of donor)                         (Date of birth of donor)

(Date signed)                              (City and State)

(Witness) (preferably next of kin) (Witness)

This is a legal document under the Uniform Anatomical Gift Act or similar laws. For further information consult your physician or OASD(HA)(CS), The Pentagon, Washington, DC 20301-1200.

DD FORM 2731, MAR 95

Designed using Perform Pro, WHS/DIOR, Mar 95