

Uniform Donor Card – This card is recognized in all states and must be signed by 2 witnesses.

Limitations or special wishes, if any:
or education
for the purpose of transplantation, therapy, medical research,
(specify the organs or parts)

(b) ___ only the following organs or parts
(a) ___ any needed organs or parts
I give:
and marks below indicate my desires.
if medically acceptable, to take effect upon my death. The words
In the hope that I may help others, I hereby make this anatomical gift,
(Print or type name of donor)
_____ of

UNIFORM DONOR CARD

----- (FOLD HERE) -----

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

Signature of Donor Date of Birth

City and State Date Signed

Witness Witness

This is a legal document under the Uniform Anatomical Gift Act
or similar laws. For further information, contact the New England
Organ Bank 1 800 446-NEOB or The Center for Donation and
Transplant 1 800 803-6667