

This form is from Advance Directives for Health Care: Planning Ahead for Important Health Care Decisions.

<b>I Have An Advance Directive For Health Care</b>	<b>Organ Donor Card</b>
Name: _____ Address: _____ City: _____ State: _____	In the hope that I may help others, I hereby make this anatomical gift, to take effect upon my death. The words and marks below indicate my desires.
<b><i>for information please contact as soon as possible:</i></b>	I give: _____ Any needed organs or parts or _____ Only the following organs or parts
Name: _____ Phone: _____ Address: _____ City: _____ State: _____	For the purposes of transplantation, therapy, medical research or education.
<b>Or</b>	Signed by the Donor and the following two witnesses in the presence of each other.
Name: _____ Phone: _____ Address: _____ City: _____ State: _____	Signature of donor _____
	Date of Birth of Donor _____
	Date Signed _____
	City & State _____
	Witness _____
	Witness _____
	This is a Legal Document Under the Uniform Anatomical Gift Act.

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