

Anatomical Gift Form

I, JOHN DOE, hereby make this anatomical gift, if medically acceptable, to take effect upon my death.

Personal Information

Name: JOHN DOE

Street Address: 3551 N. Highland Way

City: San Diego State: California Zip: 92121

Social Security number: 507-25-6688

Telephone: (858) 450-1066

Next of kin: MARY DOE

Relationship: Spouse

Street Address: 3551 N. Highland Way

City: San Diego State: California Zip: 92121

I give (place a check mark in the appropriate box):

Any needed organs or parts

Only the following organs or parts:

I have previously signed with a medical school: Yes No

If yes, name of school: _____

I have the following special wishes concerning my anatomical gift:

I authorize the physician listed below to furnish my attending physician with any pertinent medical information in the event of my death:

Physician's name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I have signed my anatomical gift form on _____, as witnessed below.

Donor: _____

Witness: _____ Witness: _____

Anatomical Gift Form

I, _____, hereby make this anatomical gift, if medically acceptable, to take effect upon my death.

Personal Information

Name: _____

Street Address _____

City: _____ State: California Zip: _____

Social Security number: _____ Telephone _____

Next of kin: _____ Relationship: _____

Street Address: _____

City: _____ State: California Zip: _____

I give (place a check mark in the appropriate box):

Any needed organs or parts

Only the following organs or parts:

I have previously signed with a medical school: Yes No

If yes, name of school: _____

I have the following special wishes concerning my anatomical gift:

I authorize the physician listed below to furnish my attending physician with any pertinent medical information in the event of my death:

Physician's name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I have signed my anatomical gift form on _____, as witnessed below.

Donor: _____

Witness: _____ Witness: _____