

**I Have An Advance Directive For Health Care**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

***for information please contact as soon as possible:***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Or**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Organ Donor Card**

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.

I give: \_\_\_\_\_ Any needed organs or parts

or \_\_\_\_\_ Only the following organs or parts

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

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 & State \_\_\_\_\_

Witness \_\_\_\_\_

Witness \_\_\_\_\_

This is a Legal Document Under the Uniform Anatomical Gift Act.