

# Organ Donation Form

I, \_\_\_\_\_ (Check only 1 of 3 following options.)

1. \_\_\_\_\_ have recorded my wishes for donation on the donor registry of \_\_\_\_\_.

## OR

2. \_\_\_\_\_ hereby make the anatomical gifts noted with my initials below, to take effect on my death. (Initial all that apply)

a. \_\_\_\_\_ any needed organs for the purpose of

\_\_\_\_\_ transplantation

\_\_\_\_\_ medical research or education

b. \_\_\_\_\_ my eyes for the purpose of

\_\_\_\_\_ transplantation

\_\_\_\_\_ medical research or education

c. \_\_\_\_\_ any needed tissues for the purpose of

\_\_\_\_\_ transplantation

\_\_\_\_\_ medical research or education

d. \_\_\_\_\_ only the following organs and/or tissues for the purpose of transplantation:

\_\_\_\_\_

e. \_\_\_\_\_ only the following organs and/or tissues for the purpose of medical research or education:

\_\_\_\_\_

## OR

3. \_\_\_\_\_ wish to donate my whole body for anatomical study. *Donation of your body for anatomical study means you cannot donate any organs, tissues, eyes or other body parts for transplants, education or research above. To complete a donation of your whole body for anatomical study, you must contact the Anatomical Board of the State of Florida by calling 1-800-628-2594 or 352-392-3588 for further instructions and the appropriate additional forms.*

Limitations or special wishes, if any: \_\_\_\_\_

Signed by the donor and the following witnesses in the presence of each other, *except that Option 1 does not require witnesses to the donor's signature:*

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Donor's Date of Birth

\_\_\_\_\_  
Date Signed

**First Witness:**

**Second Witness:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_



AD0001

Patient Name:

Patient Identification #: