

## **AUTHORIZATION FOR ORGAN AND TISSUE DONATION**

I understand the limits of medical treatment and that love can be continued through organ donation. By signing this authorization for organ and tissue donation, I hereby certify that I have fully read and I understand the statements listed below. I give permission, in the event of my death, for the donation of my organ(s) to benefit other patients in need.

(All columns marked with an \* are required to be filled in.) \*

Name: \_\_\_\_\_ (Please fill in block letters.) \*

Date of Signing (yyyy/mm/dd): \_\_\_\_/\_\_\_\_/\_\_\_\_ \*

ID Number: \_\_\_\_\_ \*

Date of Birth (yyyy/mm/dd): \_\_\_\_/\_\_\_\_/\_\_\_\_ \*

Telephone Number: \_\_\_\_\_ \*

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

Name and ID Number of Guardian (Only required for donors under the age of 20.):

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

I wish to receive an organ donation card: ☐ Yes ☐ No

Reason for Registration: \_\_\_\_\_

Message for My Family: \_\_\_\_\_

Organ(s) and/or tissue(s) I wish to donate: (Multiple Choices)

- ☐ All ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Kidney  
☐ Small Intestine ☐ Corneas ☐ Skin ☐ Bone & Related Structures  
☐ Heart Valves ☐ Blood Vessels

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