

Form 7: Pledge of Human Body, Organ, or Part Thereof

1. I, _____ (Donor's name),
residing at _____ (Donor's address)
am of sound mind and 18 years or more of age.

2. Effective upon my death, I hereby pledge and give to _____ (Donee's name)
_____ (Donee's address)
my body or parts thereof as indicated and marked below:

- ☐ my entire body.
- ☐ any needed body part or organ.
- ☐ the following named organ(s) or body part(s): _____

If the Donee named above is unable to accept or receive the above pledge, said pledge shall be given to the attending physician at my death.

3. My gift above shall be used only for the purpose(s) indicated and marked below:

- ☐ for transplant
- ☐ for therapy
- ☐ for medical research
- ☐ for medical education
- ☐ any lawful purposes

In Witness Whereof I have signed my name in the presence of the witnesses below.

_____ Donor's Signature	_____ Date	
_____ Witness' Signature	_____ Name	_____ Address
_____ Witness' Signature	_____ Name	_____ Address
_____ Witness' Signature	_____ Name	_____ Address

Subscribed and sworn to before me on this ____ day of _____, 20__.

Notary