

## Organ Donor Form

<b>I want to donate my organs and tissues. I wish to give</b>			
<input type="checkbox"/> <b>Any needed organ or tissue</b>			
<input type="checkbox"/> <b>Only the following organs or tissues:</b>			
<b>My Blood Type and RH Factor</b>			
<b>Miscellaneous info/medical background:</b>			
<b>Donor's name</b>			
<b>Witness (1)</b>			
<b>Witness (2)</b>			
<b>Date:</b>		<b>Donor's Signature:</b>	
<b>In case of any emergency, please notify the following person(s)</b>			
<b>Name</b>		<b>Relationship</b>	
<b>Phone</b>		<b>Mobile Phone</b>	
<b>Address</b>			