

To Whom It May Concern: I have completed this document to provide instructions concerning organ and tissue donations at my death.

<input type="checkbox"/> Yes	① I want to donate my body or part(s) of my body to others at my death. If I answer "Yes," I acknowledge that medical treatment may continue after I have been declared dead.	<input type="checkbox"/> No
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If you answered "Yes" to ①,
also answer ②, ③ and ④

If you answered "No" to ①,
stop here or go to ⑦

<input type="checkbox"/> Yes	② I want to donate my body or part(s) of my body to other individuals at my death.	<input type="checkbox"/> No
<input type="checkbox"/> Yes	③ I want to donate my body or parts(s) of my body to medical research at my death.	<input type="checkbox"/> No
<input type="checkbox"/> Yes	④ I want to donate my entire body at my death.	<input type="checkbox"/> No

If you answered "Yes" to ④,
stop here or go to ⑦

If you answered "No" to ④,
also answer ⑤ or ⑥ or both

⑤ I want to donate the particular organs I have named in this box →	
⑥ I do not want to donate the particular organs I have named in this box →	

⑦ My Additional Thoughts:

Today's Date →	
My Name (Printed) →	
My Signature →	

Provided by **H.E.L.P.**
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