

Organ and Tissue Donation

Instructions

H.E.L.P.

Healthcare and Elder Law Programs

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 →	