

DONATION PURSUANT TO THE
ALABAMA REVISED UNIFORM ANATOMICAL GIFT ACT
(Alabama Code 22-19-161 et seq.)

In the event of my death, I donate the following part(s) of my body for the purposes identified in Alabama Code 22-19-170:

TISSUE:

_____ Eyes
_____ Bone and connective tissue
_____ Skin
_____ Heart

Other: _____

Limitations: _____

ORGAN:

_____ Heart
_____ Kidney(s)
_____ Liver
_____ Lung(s)
_____ Pancreas

Other: _____

Limitations: _____

Signed this day of _____ of _____, 20_____.

Signature

Place

If another person is to sign for the declarant at the declarant's direction, the person signing for the declarant must sign in the presence of two witnesses. The witness form below may be used for

the two witnesses. The acknowledgement form below may be used for the person qualified to take acknowledgements.

WITNESS FORM

The following witnesses declare that the signature above was made at the donor's request:

Witness Signature: _____

Witness Name: _____

Address: _____

Witness Signature: _____

Witness Name: _____

Address: _____

ADDITIONAL STATEMENT OF WITNESSES: At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of Alabama that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

Signature of Witness: _____

Signature of Witness: _____

State of _____

Judicial District _____

ACKNOWLEDGEMENT FORM

The foregoing instrument was acknowledged before me this _____ (date) by _____ (name of person who acknowledged).

Signature of Person Taking Acknowledgement:

Title or Rank: _____

Serial Number, if any: _____