

**REVOCATION OF ANATOMICAL GIFT**

I, \_\_\_\_\_, Declarant,  
having made an anatomical gift by virtue of that document of gift dated the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_, do hereby revoke such gift pursuant to the Arkansas Code  
§20-17-603 provides that I may revoke an anatomical gift at any time.

This is my written revocation of my anatomical gift and is provided to all persons to whom I  
have provided a copy of my document of anatomical gift.

DATED this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Declarant: \_\_\_\_\_

Printed Name of Declarant: \_\_\_\_\_

Address of Declarant: \_\_\_\_\_