## DONATION PURSUANT TO THE CALIFORNIA UNIFORM ANATOMICAL GIFT ACT

(California Health and Safety Code 7150-7151)

In the event of my death, I donate the following part(s) of my body for the purposes identified in the California Health and Safety Code 7150-7151:

TISSUE:	
Eyes	
Bone and connective tissue	
Skin	
Heart	
Other:	
Limitations:	
ORGAN:	
Heart	
Kidney(s)	
Liver	
Lung(s)	
Pancreas	
Other:	
Limitations:	
Signed this day of,	
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:
<b>ADDITIONAL STATEMENT OF WITNESSES</b> : At least one of the above witnesses must also sign the following declaration:
I further declare under penalty of perjury under the laws of California 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:
A notary public or other office completing this certificate Verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.
State of California County of
On, 20 before me,

the instrument. I certify under PENALTY OF PERJURY under the laws of the Sthe foregoing paragraph is true and correct.	State of California that
WITNESS my hand and official seal.	
Signature Notary Public	(Seal)