DONATION PURSUANT TO THE DISTRICT OF COLUMBIA REVISED UNIFORM ANATOMICAL GIFT ACT

(District of Columbia Code § 7-1531.04)

In the event of my death, I donate the following part(s) of my body for the purposes identified in District of Columbia Code 7-1531.10:

Eyes Bone and connective tissue Skin Heart Other: Limitations: ORGAN: Heart Kidney(s) Liver Lung(s) Pancreas Other: Limitations: Signed this day of, 20 Signature Place	TISSUE:
Skin Heart Other:	Eyes
Heart Other: Limitations: ORGAN: Heart Kidney(s) Liver Lung(s) Pancreas Other: Limitations: Signed this day of, 20 Signature	Bone and connective tissue
Other:	Skin
Limitations: ORGAN: — Heart — Kidney(s) — Luver — Lung(s) — Pancreas Other: Limitations: Signed this day of, 20 Signature	Heart
ORGAN: Heart Kidney(s) Liver Lung(s) Pancreas Other: Limitations: Signed this day of, 20 Signature	Other:
Heart Kidney(s) Liver Lung(s) Pancreas Other: Limitations: Signed this day of, 20 Signature	Limitations:
Kidney(s) Liver Lung(s) Pancreas Other: Limitations: Signed this day of, 20 Signature	ORGAN:
Liver Lung(s) Pancreas Other: Limitations: Signed this day of, 20 Signature	Heart
Lung(s) Pancreas Other: Limitations: Signed this day of, 20 Signature	Kidney(s)
Pancreas Other: Limitations: Signed this day of, 20 Signature	Liver
Other: Limitations: Signed this day of, 20 Signature	Lung(s)
Limitations:	Pancreas
Signed this, 20 Signature	Other:
Signature	Limitations:
	Signed this day of, 20
Place	Signature
	Place

If the donor or other person is physically unable to sign a record, the record may be signed by another individual at the direction of the donor or other person and must:

- (1) be witnessed by at least two adults, at least one of whom is a disinterested witness, who have signed at the request of the donor or the other person; and
- (2) state that it has been signed and witnessed as provided in paragraph (1).

WITNESS FORM

The witnesses below declare that they are signing at the direction of the declarant after having witnessed the signature of the declarant, have no interest in the estate of the declarant under the laws of intestate succession or any will or the declarant or codicil thereto, and are not financially responsible for the declarant's care.

Witness Signature:	
Witness Name:	
Address:	
Witness Signature:	
Witness Name:	
Address:	
ACKNOWLEDGEMENT FORM	
District of Columbia	
Judicial District	
The foregoing instrument was acknowledged before me this(date) beginning instrument was acknowledged before me this(date) beginning instrument was acknowledged before me this(date) beginning instrument was acknowledged.	y
Signature of Person Taking Acknowledgement:	
Title or Rank:	
Serial Number, if any:	