

ANATOMICAL GIFT
BY NEXT OF KIN OR OTHER AUTHORIZED PERSON

(Delaware Code 16-2710 to 16-2719)

I, _____, hereby make this anatomical gift of or from to the body of _____ who died on _____ at the _____ in _____.

The marks in the appropriate squares and the words filled into the blanks below indicate my relationship to the deceased and my desires respecting the gift.

I am the surviving:

- spouse;
- adult son or daughter;
- parent;
- adult brother or sister;
- guardian;
- _____, authorized to dispose of the body:

I give

- the body of deceased;
- any needed organs or parts;
- the following organs or parts _____;

To the following person (or institution)

_____ (insert the name of a physician, hospital, research or educational institution, storage bank or individual),

for the following purposes:

- any purpose authorized by law;
- transplantation;
- therapy;
- research;
- medical education.

Dated _____ City and State _____

Signature of Survivor: _____

Address of Survivor: _____