ANATOMICAL GIFT BY A LIVING MINOR DONOR

(Delaware Code 16-2710 to 16-2719)

I am of sound mind and under 18 years of age. I hereby make this anatomical gift to take effect upon my death with the parental consent of the undersigned. The marks in the appropriate squares and the words filled into the blanks below indicate my desires.

I give:	
	[] my body;
	any needed organs or parts;
	[] the following organs or parts
	;
To the	following person or institutions
	[] the physician in attendance at my death;
	[] the hospital in which I die;
	[] the following named physician, hospital, storage bank or other medical institution :
	institution; [] the following individual for treatment;
	for the following purposes:
	[] any purpose authorized by law;
	[] transplantation;
	[] therapy;
	[] research;
	[] medical education.
Dated	City and State
The undersig	ned parent or other person authorized by law grants permission for the above
anatomical gi	ft.
Signed by the	Donor and the person giving parental consent in the presence of the following who
sign as witnes	ses.
Signature of I	Oonor:
Address of Do	onor:

Signature of Parent or Other Person Authorized by Law:			
Address of Consenting Party:			
Witness:			
Witness:			