

FLORIDA UNIFORM DONOR CARD

The undersigned hereby makes this anatomical gift, if medically acceptable, to take effect on death. The words and marks below indicate my desires:

- I give: (a) _____ any needed organs, tissues or eyes
 (b) _____ only the following organs, tissues or eyes

_____ specify the organ(s) or part(s)

for the purposes of transplantation, therapy, medical research, or education;

- (c) _____ my body for anatomical study if needed.

Limitations or special wishes, if any: _____

(If applicable, list specific donee;
this must be arranged in advance with the donee.)

Signed by the donor and the following witnesses in the presence of each other:

Signature of donor

Date of birth of donor

Date signed

City and State

Witness

Witness

Witness' Address

Witness' Address