DONATION PURSUANT TO THE UNIFORM ANATOMICAL GIFT ACT (755 ILCS 50/)

In the event of my death, I donate the following part(s) of my body for the purposes identified in 755 ILCS 50/10:

TISSUE:

	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	_	

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 persons or a person who is qualified to take acknowledgments. 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, at least one of whom is a disinterested witness, sign this form at the donor's request:

Witness Signature:
Witness Name:
Address:
Witness Signature:
Witness Name:
Address:
State of

Judicial District _____

ACKNOWLEDGEMENT FORM

The foregoing instrument was acknowledged before me this _____(date) by ______ (name of person who acknowledged).

Signature of Person Taking Acknowledgement:

Title or Rank: _____

Serial Number, if any: _____