

# ANATOMICAL GIFT ACT DONATION

(Louisiana Revised Statutes 17:2354)

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

In the event of my death, I donate the following part(s) of my body

**TISSUE:**

\_\_\_\_\_ Eyes

\_\_\_\_\_ Bone and connective tissue

\_\_\_\_\_ Skin

\_\_\_\_\_ Heart

Other: \_\_\_\_\_

Limitations: \_\_\_\_\_

**ORGAN:**

\_\_\_\_\_ Heart

\_\_\_\_\_ Kidney(s)

\_\_\_\_\_ Liver

\_\_\_\_\_ Lung(s)

\_\_\_\_\_ Pancreas

Other: \_\_\_\_\_

Limitations: \_\_\_\_\_

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

\_\_\_\_\_ ;  
 the following individual for treatment

\_\_\_\_\_ ;

for the following purposes:

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

Signed this day of \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_\_.

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**

State of Louisiana

Parish of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that (he/she/they) executed it as (his/her/their) free act and deed.

\_\_\_\_\_  
Notary Public

Print Name: \_\_\_\_\_