

## **DOCUMENT OF ANATOMICAL GIFT**

(General Laws of Massachusetts, Chapter 113A, Sections 4 through 10)

I am at least 18 years of age and 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.

1. I give:       \_\_\_\_\_ my body;  
                  \_\_\_\_\_ any needed organs or parts;  
                  \_\_\_\_\_ the following organs or parts  
                  \_\_\_\_\_  
                  \_\_\_\_\_  
                  \_\_\_\_\_

2. To the following person, agency, or institution:

                  \_\_\_\_\_ any person, tissue bank, or institution authorized by law;  
                  \_\_\_\_\_ the following named physician, hospital, tissue bank or other medical  
institution  
                  \_\_\_\_\_  
                  \_\_\_\_\_  
                  \_\_\_\_\_

3. For the following purposes:

                  \_\_\_\_\_ any purpose authorized by law;  
                  \_\_\_\_\_ transplantation;  
                  \_\_\_\_\_ therapy;  
                  \_\_\_\_\_ medical research and education.

Donor's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Signed by the Donor in the presence of the following who sign as witnesses:

Witness's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Witness's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

In the case of a gift of a living donor intended for transplantation, the donor shall authorize such gift in a document signed by the donor and also by at least two of the physicians who are to participate in the transplantation operation and who shall have previously examined the donor in connection with his gift.

Physician's Signature:

\_\_\_\_\_

Physician's Signature:

\_\_\_\_\_

\_\_\_\_\_