

# **UNIFORM ANATOMICAL GIFT ACT DONATION**

(Missouri Revised Statutes 194.210 to 194.290)

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.

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

\_\_\_\_\_;

for the following purposes:

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

Dated \_\_\_\_\_ City and State \_\_\_\_\_

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

Signature of Donor: \_\_\_\_\_

Address of Donor: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_