

REVOCAION OF ANATOMICAL GIFT

I, _____, Declarant, having made an anatomical gift by virtue of that document of gift dated the _____ day of _____, 20____, do hereby revoke such gift pursuant to the New Hampshire Revised Statutes § 291-A:3, which provides that an anatomical gift may be revoked at any time by:

- (a) A signed statement.
- (b) An oral statement made in the presence of 2 witnesses.
- (c) Any form of communication during a terminal illness or injury addressed to a physician or surgeon.
- (d) The delivery of a signed statement to a specified donee to whom a document of gift has been delivered.

This is my written revocation of my anatomical gift and is provided to all persons to whom I have provided a copy of my document of anatomical gift.

DATED this the _____ day of _____, 20_____.

Signature of Declarant:

Printed Name of Declarant:

Address of Declarant:

