

DONATION PURSUANT TO THE
OHIO REVISED UNIFORM ANATOMICAL GIFT ACT

In the event of my death, I donate the following part(s) of my body for the purposes identified in the Ohio Revised Code 2108.11:

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 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 Ohio

Judicial District _____

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: _____

This is a legal document under the Revised Uniform Anatomical Gift Act or similar laws.

DONOR REGISTRY ENROLLMENT FORM

(OPTIONAL)

To register for the Donor Registry, please complete this form and send it to the Ohio Bureau of Motor Vehicles. This form must be signed by two witnesses. If the donor is under age eighteen, one witness must be the donor's parent or legal guardian.

_____ Please include me in the donor registry.

_____ Please remove me from the donor registry.

Full Name (please print) _____

Mailing Address _____

Phone _____ Date of Birth _____

Driver's License or ID Card No. _____

Social Security No. _____

_____ On my death, I make an anatomical gift of my organs, tissues, and eyes for any purpose authorized by law.

OR

_____ On my death, I make an anatomical gift of the following specified organs, tissues, or eyes for any purposes indicated below.

Purposes:

_____ Any purpose authorized by law

_____ Transplantation

_____ Therapy

_____ Research
_____ Education
_____ Advancement of medical science
_____ Advancement of dental science

Signature of donor registrant

Date

Witness Signature

Witness Signature