

**UNIFORM ANATOMICAL GIFT ACT DONATION**

(Pennsylvania Consolidated Statutes 20-8613)

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: \_\_\_\_\_