

UNIFORM ANATOMICAL GIFT ACT DONATION

(Pennsylvania Consolidated Statutes 20-8613)

I am of sound mind and at least 16 years of age. I hereby make this anatomical gift to take effect upon my death with the parental consent of the undersigned. The marks in the appropriate squares and the 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 _____

The undersigned parent or other person authorized by law grants permission for the above anatomical gift.

Signed by the Donor and the person giving parental consent in the presence of the following who sign as witnesses.

Signature of Donor: _____

Address of Donor: _____

Signature of Parent or Other Person Authorized by Law:

Address of Consenting Party: _____

Witness: _____

Witness: _____