

REVISED UNIFORM ANATOMICAL GIFT ACT DONATION

(Rhode Island General Laws Chapter 23-18.6.1 et seq.)

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.

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: _____

State of _____

Judicial District _____

ACKNOWLEDGEMENT FORM

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: _____