

UNIFORM ANATOMICAL GIFT ACT DONATION

(Wisconsin Statutes 157.06(2))

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: _____