

**ORGAN AND TISSUE DONOR REGISTRATION FORM
PLEASE PRINT OR TYPE**

State Driver License # _____

Social Security # _____

Date of Birth (ex. 01/15/2000) _____

Sex: M F

Name _____

Address _____

City _____ State _____

Zip _____

Signature of Donor _____

Date signed _____

In the hope that I may help others, I hereby make this organ and tissue gift, if medically acceptable, to take effect upon my death. The words and marks (or notations) below indicate my desires. *Default* choice is (a).

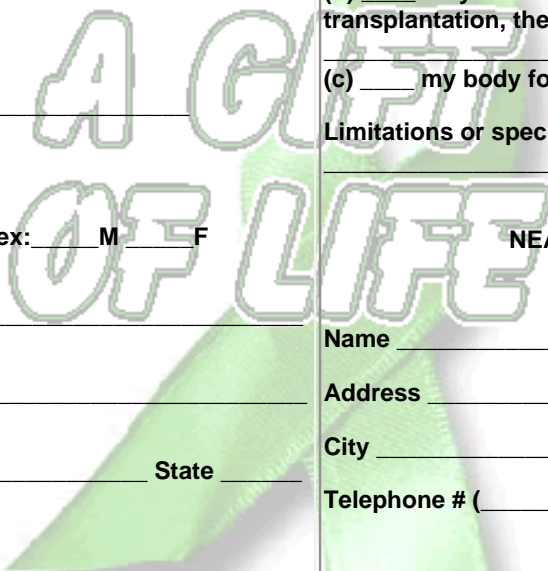
I give:

(a) _____ any needed organ or tissue

(b) _____ only the following organs or tissue for the purpose of transplantation, therapy, medical research or education:

(c) _____ my body for anatomical study if needed.

Limitations or special wishes, if any, list below: _____



NEAREST RELATIVE INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Telephone # (_____) _____

WITNESS INFORMATION

Witness _____

Date signed _____

Witness (Parent or Guardian if under 18) _____

Date signed _____

This is a legal document under the Uniform Anatomical Gift Act or similar laws, Chapter 765, Part V Florida Statutes. For more information, visit the Agency for Health Care Administration on the web at <http://www.fdhc.state.fl.us/>.

Sponsored by Agency for Health Care Administration and Department of Highway Safety and Motor Vehicles
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