

**ORGAN
DONATION
(OPTIONAL)
CONTINUED**

(a) Any needed organs, tissues, or parts; **OR**

(b) The following organs, tissues, or parts

(c) My gift is for the following purposes:
(put a line through any of the following you do not want)

- (i) Transplant
- (ii) Therapy
- (iii) Research
- (iv) Education

(5) Unless I revoke it, this proxy shall remain in effect indefinitely, or until the date or condition I have stated below. This proxy shall expire (specific date or conditions, if desired):

**ENTER A
DURATION OR A
CONDITION
(IF ANY)**

**SIGN AND DATE
THE DOCUMENT
AND PRINT
YOUR ADDRESS**

(6) Signature _____ Date _____

Address _____

**WITNESSING
PROCEDURE**

Statement by Witnesses (must be 18 or older)

I declare that the person who signed this document appeared to execute the proxy willingly and free from duress. He or she signed (or asked another to sign for him or her) this document in my presence. I am not the person appointed as proxy by this document

Witness 1 _____

Address _____

Witness 2 _____

Address _____

**YOUR
WITNESSES
MUST SIGN AND
PRINT THEIR
ADDRESSES**