



(Please circle either **1**, **2** or **3**)

- 1. I will donate my organs for transplantation following brain death or cardiac death.**
- 2. I will donate my organs for transplantation only following cardiac death.**
- 3. I will not donate my organs.**

(If you choose **1** or **2**, and have an organ you do not wish to donate place an X over it)

Heart Lung Liver Kidney Pancreas Small Intestine Eyes

[Special comment : _____]

Date signed : _____ / _____ / _____
(Month) (Day) (Year)

Donor's signature : _____

Signature of a family member : _____

