

**ORGAN AND TISSUE DONOR CARD**

NAME \_\_\_\_\_  
*(Print or type name of donor)*

In the hope that I may help others, I hereby make the anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires. I give:

- (a) any needed organs or tissues  
 (b) only the following organs or tissues

\_\_\_\_\_  
*(Specify the organ(s) or tissue(s))*  
for the purposes of transplantation, therapy, medical research or medical education.

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

Limitations or special wishes:

**DD FORM 2731, MAR 95** Designed using Perform Pro, WHS/DIOR, Mar 95

Signed by the donor and the following two witnesses in the presence of each other:

\_\_\_\_\_  
*(Signature of donor)*                      \_\_\_\_\_  
*(Date of birth of donor)*

\_\_\_\_\_  
*(Date signed)*                      \_\_\_\_\_  
*(City and State)*

\_\_\_\_\_  
*(Witness)*                      \_\_\_\_\_  
*(preferably next of kin)*                      \_\_\_\_\_  
*(Witness)*

This is a legal document under the Uniform Anatomical Gift Act or similar laws. For further information consult your physician or OASD(HA)(CS), The Pentagon, Washington, DC 20301-1200.

**DD FORM 2731, MAR 95 (BACK)**