

ORGAN DONATION AUTHORIZATION DIRECTIVE

Effective Date

Place

1. Signatory

This document is made on _____ (_____) by:

Donor

Individual

Full Legal Name

SSN / ID

Doc Series

Address

2. SUBJECT-MATTER SCHEDULE & SPECIFICATIONS

Organs & Tissues to Donate

Permitted Purposes (Transplant, Research)

Limitations

Donor Registry Number

3. EXECUTION & SIGNATURES

Donor

Signature

Full Legal Name

Date