

Organ Donation Choices

Be sure to discuss your organ & tissue decisions with loved ones so they can voice opinions & ask questions.

Donating organs & tissues when you die may save or enhance the lives of as many as 50 people.

There is no cost to you in donating. Open casket funerals can still take place afterwards, if that is your wish. No one is too old or too young, so don't rule yourself out as a potential donor. Even those with serious medical conditions often have many healthy and desperately needed organs and tissues to give.

While this page helps communicate your wishes to your loved ones, each state has its own legal donor card form donors must sign (and should carry) in order to be legally binding and ensure that your wishes are carried out. Also, make sure to fill-out donor forms on the back of driver's licenses.

To learn more, including information about how more than two dozen religions regard organ, tissue and whole body donation, and to access your state's specific donation documents, please visit a website run by the U.S. Dept. of Health and Human Services: www.OrganDonor.Gov or Donate Life America, a 501(c)(3) non-profit that links to each state's specific donation forms: www.DonateLife.Net or call (814) 782-4920

Your Donation Choices

Full name & signature	Date of birth ____ / ____ / ____ <small>mm day 4 digit year</small>
Upon my death, it is my desire to donate the following: <ul style="list-style-type: none"> <input type="checkbox"/> Any needed organs or tissues (for transplant or the like into humans) <input type="checkbox"/> Only the organs and tissues in the notes below (for transplant or the like into humans) <input type="checkbox"/> My whole body to medical science (specify details on the back of this page, including the receiving organization, instructions, location of documents, etc.) <input type="checkbox"/> Nothing, I do NOT want to donate my organs, tissues or whole body Notes*: _____ _____	
*include the location of signed organ donor card/documents	

Spouse's Donation Choices

Full name & signature	Date of birth ____ / ____ / ____ <small>mm day 4 digit year</small>
Upon my death, it is my desire to donate the following: <ul style="list-style-type: none"> <input type="checkbox"/> Any needed organs or tissues (for transplant or the like into humans) <input type="checkbox"/> Only the organs and tissues in the notes below (for transplant or the like into humans) <input type="checkbox"/> My whole body to medical science (specify details on the back of this page, including the receiving organization, instructions, location of documents, etc.) <input type="checkbox"/> Nothing, I do NOT want to donate my organs, tissues or whole body Notes*: _____ _____	
*include the location of signed organ donor card/documents	