

ORGAN DONATION FORM

From:

Tel.: (O)

(R)

Date:

SUB. : ORGAN DONATION
TO WHOMSOEVER IT MAY CONCERN

I express my willingness to donate all my organs after my brain death. LET MY ORGANS LIVE LONG AFTER I DIE. My relatives / friends etc. are requested to fulfill my desire.

Please contact the doctors concerned and do the needful.

With best wishes.

SIGNATURE

PLEASE CONTACT: