

# ORGAN DONATION AUTHORIZATION

## ANATOMICAL GIFT OR ORGAN, TISSUE OR EYE DONATIONS

In this Appendix to the Advance Medical Directive, I will appoint an agent to make decisions concerning the anatomical gift or organ, tissue or eye donations.

### 1. Legal Authorization

Upon my certain death, I direct that an anatomical gift of my body or certain organ, tissue or eye donations as directed below be made pursuant to Article 2 (§ 32.1-289 *et seq.*) of Chapter 8 of Title 32.1 of the Code of Virginia.

### 2. Appointment of Agent

I, \_\_\_\_\_, hereby appoint the following person as my agent to make such an anatomical gift or organ, tissue or eye donations following my certain death:

Name of my Agent for this purpose (printed): \_\_\_\_\_

Address (printed): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

### 3. Direction of Agent

I direct that my agent make the following gift or donation upon my certain death:

\_\_\_\_\_ all of my body.

\_\_\_\_\_ any needed organs and tissue.

\_\_\_\_\_ only the following organs and tissues: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### SIGNATURE

By signing below, I indicate that I am emotionally and mentally competent to make these appointments and give these instructions, and that I understand the purposes and effects of this document.

Date: \_\_\_\_\_ Place (city, state): \_\_\_\_\_

Name (printed): \_\_\_\_\_ Signature of Declarant: \_\_\_\_\_

Address (printed): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

### WITNESS

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Address (printed): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_