BODY PART DONATION

As codicil and amendment to my will, dated ________________, and witnessed by __________________, __________________, and __________________, I, ___________________________ declare the following:

Upon my death, I donate my ______________________________________________
____________________________________________________________________
____________________________________________________________________
___________________________________________________ (body part or parts) to
____________________________________________________________________
(name of hospital) for the purpose of transplantation. The hospital is to be notified immediately after my death, and the hospital staff is to be given full freedom in determining the usage of the donated body parts.

_____________________________________ _______________  __________________
Signature                          Date

_____________________________________ _______________  __________________
Witnessed                          Date

_____________________________________ _______________  __________________
Witnessed                          Date

_____________________________________ _______________  __________________
Witnessed                          Date