

A GIFT OF ALL OR PART OF THE BODY FOR PURPOSES OF THIS SUBTITLE ALSO MAY BE MADE BY DOCUMENT OTHER THAN A WILL. THE DOCUMENT MUST BE SIGNED BY THE DONOR IN THE PRESENCE OF TWO WITNESSES, WHO, IN TURN, SHALL SIGN THE DOCUMENT IN THE PRESENCE OF THE DONOR. IF THE DONOR CANNOT SIGN IN PERSON, THE DOCUMENT MAY BE SIGNED FOR HIM, AT HIS DIRECTION AND IN HIS PRESENCE, AND IN THE PRESENCE OF TWO WITNESSES, WHO, IN TURN, SHALL SIGN THE DOCUMENT IN THE PRESENCE OF THE DONOR. DELIVERY OF THE DOCUMENT OR GIFT DURING THE LIFETIME OF THE DONOR IS NOT NECESSARY TO MAKE THE GIFT VALID. THE DOCUMENT MAY CONSIST OF A PROPERLY EXECUTED CARD CARRIED ON THE PERSON OF THE DONOR OR IN HIS EFFECTS. THE DOCUMENT AND CARD MAY CONFORM SUBSTANTIALLY TO THE FOLLOWING FORM:

ANATOMICAL GIFT BY A LIVING DONOR

I AM AT LEAST 18 YEARS OF AGE AND MAKE THIS ANATOMICAL GIFT TO TAKE EFFECT UPON MY DEATH. THE MARKS IN THE APPROPRIATE SQUARES AND WORDS FILLED INTO THE BLANKS BELOW INDICATE MY DESIRES.

1. I GIVE: MY BODY; ANY NEEDED ORGANS OR PARTS; THE FOLLOWING ORGANS OR PARTS

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2. TO THE FOLLOWING PERSON, AGENCY, OR INSTITUTION:
 ANY PERSON, TISSUE BANK, OR INSTITUTION AUTHORIZED BY LAW;

THE ANATOMY BOARD OF MARYLAND;

THE FOLLOWING NAMED PHYSICIAN, HOSPITAL, TISSUE BANK OR OTHER MEDICAL INSTITUTION

3. FOR THE FOLLOWING PURPOSES: ANY PURPOSE AUTHORIZED BY LAW;

TRANSPLANTATION; THERAPY; MEDICAL RESEARCH AND EDUCATION.

DATED CITY AND STATE.....
 SIGNED BY THE DONOR IN
 THE PRESENCE OF THE FOLLOWING
 WHO SIGN AS WITNESSES:

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WITNESS	SIGNATURE OF DONOR
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