

Capuchin Franciscan Province of St. Joseph
Document Regarding Anatomical Gift(s)

I, _____ OFM Cap, state:

Upon my death I wish to donate for potential transplantation:

___ any needed organ or part

___ only the following organ(s) or part(s)

___ no organ or part of my body.

Upon my death, I wish that my body (after completion of any potential donations as provided above) be given to _____ medical school. (I have completed and have on file with the medical school all required documents effectuating the gift. Copies of those documents are included with this document.

Signature _____

Date _____