

FAMILY NOTIFICATION FORM
ANATOMICAL GIFT TO BE EFFECTIVE UPON MY DEATH

Please give this form to your next of kin to tell them about your decision.

Dear _____

I want you to know about my decision to become an organ donor ____ (Check here) and tissue donor _____ (Check here).

Upon my death, if I am a candidate for organ and/or tissue donation, I would like you to respect my wishes and give your consent to the Gift of Life. I indicate my wishes above.

It is important to me that others are given the opportunity to live a full and productive life.

Thank you for carrying out my wishes.

Sincerely,

Donor Full Name

Donor Signature

Date

Issued by the New York Organ Donor Network
132 West 31st Street, New York, NY 10001 ■ Tel. 646-291-4444 ■ Web site: www.donatelifeny.org