



**INTENT TO MAKE ANATOMICAL GIFT**

In compliance with the Uniform Anatomical Gift Act of the North Carolina General Statutes and in hope that I may help others, I, \_\_\_\_\_ hereby give my entire body intact for anatomical study and research, if needed and medically acceptable, and release protected health information, if available, to take effect upon my death. **Signed by the donor and the following two witnesses in the presence of each other.**

----- Fold here for wallet size card -----

\_\_\_\_\_  
*Signature of Donor* *Date Signed*

\_\_\_\_\_  
*Donor's Date of Birth* *Donor's Current City & State*

\_\_\_\_\_  
*Signature of Witness #1* *City & State*

\_\_\_\_\_  
*Signature of Witness #2* *City & State*

**Contact Duke Anatomical Gifts upon death:**

Weekdays: **919-681-5471** (closed weekends & holidays)  
24 hour emergency phone: Monday-Friday: **919-812-7430**

**Representative to assist at the time of my death:**

\_\_\_\_\_  
*Name* *Relationship*

\_\_\_\_\_  
*Phone Number* *Alternate Phone Number*

**Helpful information:**

*Doctor:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

I have chosen this funeral service to transport/hold my body while eligibility for donation is being determined (or hold at hospital decedent care/morgue):

\_\_\_\_\_  
*Funeral Home/Transport Service* *Phone Number*

If this company is no longer operating or available, or circumstances arise that create the need, I authorize, with my signature on the back of this card, Duke Anatomical Gifts Program to arrange transport services in order that it may facilitate the donation of my body.

**Please check back every 2 years for any changes.**

Keep one signed and witnessed copy of this card in your wallet & give the other to someone who can assist at time of death.