

**PLEASE READ THE FOLLOWING INSTRUCTION BEFORE
COMPLETING THE DONOR FORMS FOR BODY DONATION:
THIS IS A PRE-REGISTRATION FOR YOURSELF**

- 1) Complete two Uniform Donor forms, having both witnessed by two persons aged 18 or older.
- 2) Return one copy to our office at the P.O. Box address on the form.
- 3) Keep your copy in a safe place that is accessible for family members. DO NOT place in bank vault.
- 4) Discuss this donation with your immediate family members and your physician. They will then be aware of your wishes and be able to contact our office to carry them out.
- 5) Give instruction sheet and copies of your signed donor forms to next of kin, executor of estate or other persons who will be responsible for notification of your death to the Registry.
- 6) Be sure a COPY of the Uniform Donor Form is placed on your chart if you should ever enter the hospital or nursing home.
- 7) Your Donor form will remain on file until your death. There is NO NEED to renew the form or update changes of address with our office. Our office will obtain all relevant information at the time of death.
- 8) If you wish to cancel the donation in the future, please contact us in writing and we will remove your file from our records. We will NOT take a cancellation request over the phone.
- 9) IF DEATH OCCURS OUTSIDE OF PENNSYLVANIA, N.J. OR DELAWARE, medical personnel or your family is to contact the nearest medical school or Anatomy Board to make the donation in that State. We will not make arrangements for your body to come back to Pennsylvania.

Commonwealth of Pennsylvania

Area Code 215
922-4440
925-7469
FAX 922-4896



P.O. Box 835
Phila., PA 19105-0835

HUMANITY GIFTS REGISTRY

DONOR FORM

OF _____
(PRINT OR TYPE NAME OF DONOR)

In the hope that I may help others, I hereby donate my body,
if medically acceptable, to the Humanity Gifts Registry,
P.O. Box 835, Philadelphia, PA 19105
for anatomical study and research.
Please notify the Registry upon my death.*
***Phone (215) 922-4440 (24 hours)**

SIGNATURE _____

DATE OF BIRTH _____

DATE SIGNED _____

ADDRESS _____

WITNESSES:

1) _____

2) _____

**THIS IS A LEGAL DOCUMENT UNDER THE
UNIFORM ANATOMICAL GIFT ACT OR
SIMILAR LAWS.**