

```

CODES(
CHAR(vAble;Able to sign? (Y/N);Ability to Sign)
ASSIGN(vUnable;o)
IF(TOUPPER(VARIABLE(vAble))="N")
    ASSIGN(vUnable;i)
ENDIF
NESTFORM(SYSTEM(PathDocument)\Forms\Merge\Code_Block_-_Date.frm)
)

```

**ANATOMICAL GIFT DECLARATION**

I, **FIELD(P)IFNOTBLANK(OtherP)**, also known as **FIELD(OtherP)ENDIF** (“Declarant”), of **FIELD(AddressP)**, **FIELD(CityStateZipP)**, telephone **FIELD(PhoneP)**, make this declaration concerning anatomical gifts pursuant to Chapter 692A of the Texas Health and Safety Code.

1. *[Cross out one option and initial the other]* \_\_\_\_\_ I DO | \_\_\_\_\_ I DO NOT intend to donate my body tissue and/or organs, subject to the following directions and restrictions.

2. I expressly donate the following portions of my body as I have initialed below. If I have not initialed any options, that means I do NOT intend to donate any tissue or organs *[INITIAL YOUR CHOICE]*:

\_\_\_\_\_ ALL TISSUE AND ORGANS; **or**

\_\_\_\_\_ ONLY THE FOLLOWING TISSUE/ORGANS:

- |   |  |
|---|--|
| <input type="checkbox"/> EYE - CORNEA ONLY    | <input type="checkbox"/> EYE - ALL   |
| <input type="checkbox"/> VISCERAL PARTS - ALL | <input type="checkbox"/> HEART <input type="checkbox"/> KIDNEY             |
| <input type="checkbox"/> LIVER                | <input type="checkbox"/> BLOOD <input type="checkbox"/> ARTERIES AND VEINS |
| <input type="checkbox"/> BONES                | <input type="checkbox"/> TENDONS <input type="checkbox"/> SKIN             |
| <input type="checkbox"/> DIGITS               | <input type="checkbox"/> OTHER BODILY PARTS                                |

3. I expressly authorize the following designated donees to receive my above designated parts. If I have not initialed any options, that means I do NOT intend to donate any tissue or organs *[INITIAL YOUR CHOICE]*:

\_\_\_\_\_ ANY QUALIFIED DONEES UNDER §692A.011 TEX. H. & S. CODE; **or**

\_\_\_\_\_ ONLY THE FOLLOWING DONEES:

- |  |   |
|--|---|
| <input type="checkbox"/> LIONS EYE BANK OF TEXAS               | <input type="checkbox"/> STATE/NON-PROFIT EYE BANKS |
| <input type="checkbox"/> ANATOMICAL BOARD OF TEXAS             | <input type="checkbox"/> HOSPITALS OR PHYSICIANS    |
| <input type="checkbox"/> ACCREDITED MEDICAL OR DENTAL COLLEGES |   |

4. I expressly authorize the following uses of said donated parts. If I have not initialed any options, that means I do NOT intend to donate any tissue or organs *[INITIAL YOUR CHOICE]*:



12. If at the time of my death I have on my person or in my billfold a signed card indicating anatomical donative intentions, then the medical examiner may rely upon that card.**IF(VARIABLE(vUnable))**
13. In the event I am physically unable to sign this declaration of intent, I hereby attest and affirm that all of the same has been fully read by me or read line by line to me and I fully understand this declaration, and it expresses my intentions. I have authorized and do hereby authorize the below named person to sign my name at the bottom of this declaration and to check and initial the appropriate blanks contained herein; and, I do hereby affirm that said authorized person did in fact execute my signatures and did execute said initials in my presence and in the presence of the witnesses named below.**ENDIF**

**SIGNED** on this the **IF(VARIABLE(vOneStep))VARIABLE(vDay)<sup>VARIABLE(vOrdinal)</sup> day of VARIABLE(vMonth), VARIABLE(vYear)ELSE MRGCMND(VARIABLE(vDay)<sup>VARIABLE(vOrdinal)</sup> day of VARIABLE(vMonth), VARIABLE(vYear))ENDIF .**

\_\_\_\_\_  
FIELD(P)

**IF(VARIABLE(vUnable))**The undersigned, **IF(VARIABLE(vOneStep))IFNOTBLANK(W1)FIELD(W1)ELSE \_\_\_\_\_ENDIF , and IFNOTBLANK(W2)FIELD(W2)ELSE \_\_\_\_\_ENDIF ELSE MRGCMND(IFNOTBLANK(W1)FIELD(W1)ELSE \_\_\_\_\_ENDIF ), and MRGCMND(IFNOTBLANK(W2)FIELD(W2)ELSE \_\_\_\_\_ENDIF )ENDIF , declare that they are signing at the direction of Declarant after having witnessed **VARIABLE(vHisHer)** signature, have no interest in the estate of Declarant under the laws of intestate succession or any will of the declarant or codicil thereto, and are not financially responsible for **VARIABLE(vHisHer)** care. We now sign our names as attesting witnesses in the presence of Declarant, each other, and the undersigned authority on this the **IF(VARIABLE(vOneStep))VARIABLE(vDay)<sup>VARIABLE(vOrdinal)</sup> day of VARIABLE(vMonth), VARIABLE(vYear)ELSE MRGCMND(VARIABLE(vDay)<sup>VARIABLE(vOrdinal)</sup> day of VARIABLE(vMonth), VARIABLE(vYear))ENDIF .****

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness**ENDIF**

ACKNOWLEDGED before me by the said FIELD(P), Declarant, IF(VARIABLE(vUnable))and by the said IF(VARIABLE(vOneStep))IFNOTBLANK(W1)FIELD(W1)ELSE  
\_\_\_\_\_ ENDIF , and IFNOTBLANK(W2)FIELD(W2)ELSE  
\_\_\_\_\_ ENDIF ELSE MRGCMND(IFNOTBLANK(W1)FIELD(W1)ELSE  
\_\_\_\_\_ ENDIF ), and MRGCMND(IFNOTBLANK(W2)FIELD(W2)ELSE  
\_\_\_\_\_ ENDIF )ENDIF , witnesses,ENDIF on this the IF(VARIABLE(vOneStep))VARIABLE(vDay)<sup>VARIABLE(vOrdinal)</sup> day of VARIABLE(vMonth), VARIABLE(vYear)  
ELSE MRGCMND(VARIABLE(vDay)<sup>VARIABLE(vOrdinal)</sup> day of VARIABLE(vMonth), VARIABLE(vYear))ENDIF .

\_\_\_\_\_  
Notary Public, State of TexasIF(VARIABLE(vOneStep))  
ELSE EMBEDMACRO(MergeFileType (Form!)  
PowerBarShow (On!))ENDIF

**OPTIONAL: CARDS TO CARRY WITH YOU**

*(cut along double lines; fold at dotted line)*

**ANATOMICAL GIFT DECLARATION**

I have executed on this date a written declaration regarding the gifting or not gifting of my anatomical body parts. Please contact my nearest of kin shown on the reverse side of this card.

**UNLESS OTHERWISE INITIALED BELOW, NO ONE HAS AUTHORITY TO REMOVE ANY TISSUE OR PART OF MY BODY. MY CONSENT IS GIVEN FOR ONLY:**

\_\_\_\_\_ CORNEA; \_\_\_\_\_ EYES; \_\_\_\_\_ VISCERAL

**NEXT OF KIN:**

FIELD(FIELD(Executor1))  
FIELD(AddressFIELD(Executor1))  
FIELD(CityStateZipFIELD(Executor1))  
telephone FIELD(PhoneFIELD(Executor1))

**ANATOMICAL GIFT DECLARATION**

I have executed on this date a written declaration regarding the gifting or non-gifting of my anatomical body parts. Please contact my nearest of kin shown on the reverse side of this card. **UNLESS OTHERWISE INITIALED BELOW, NO ONE HAS AUTHORITY TO REMOVE ANY TISSUE OR PART OF MY BODY. MY CONSENT IS GIVEN FOR ONLY:**

\_\_\_\_\_ CORNEA; \_\_\_\_\_ EYES; \_\_\_\_\_ VISCERAL

PARTS; \_\_\_\_\_ OTHER PARTS; \_\_\_\_\_ ENTIRE BODY

**NEXT OF KIN:**

FIELD(FIELD(Executor1))  
FIELD(AddressFIELD(Executor1))  
FIELD(CityStateZipFIELD(Executor1))  
telephone FIELD(PhoneFIELD(Executor1))