

## **DIRECTIVE REGARDING ANATOMICAL GIFTS**

I, \_\_\_\_\_, of \_\_\_\_\_ County, Texas, make the following statement regarding anatomical gifts.

1. Anatomical Gift. I give such parts of my body to such individuals, institutions or physicians, qualified to receive anatomical gifts under Section 692.005 of the Texas Anatomical Gift Act, as may be requested by such individuals, institutions or physicians. I request that my personal representative or an authorized person make anatomical gifts in a manner consistent with my desires expressed in this statement, and I request that my next of kin respect my wishes.

2. Priority of Donations. An anatomical gift that will be used in connection with the treatment of an imminently life threatening disorder shall take precedence over a gift of that part to any other donee. My personal representative or an authorized person shall make the final determination of who is to receive any part if a conflict should arise.

3. Attending Physician. If my attending physician accepts an anatomical gift as a donee or on behalf of a donee, that physician shall not participate in the procedure for removing or transplanting such part.

4. Instructions. If I have given any written instructions regarding the burial, cremation or other disposition of my body, I direct that any donee take possession of my body subject to such instructions, if that donee has actual knowledge of such instructions. If there is any conflict between statements made in this document and such instructions, my wishes regarding anatomical gifts shall take preference over my instructions regarding the disposition of my body.

5. Counterparts. I may be signing more than one statement regarding anatomical gifts. I intend that only signed documents be effective and that no effect shall be given to a photocopy or other reproduction of a signed document.

6. Definitions. The terms "part," "physician" and "attending physician" have the same meaning as is given to these terms in the Texas Anatomical Gift Act. The term "authorized person" means a person authorized to make donations under Section 692.004 of the Texas Anatomical Gift Act in the order of priority provided in that Act. The term "donee" means an individual, institution, or physician authorized to receive an anatomical gift under Section 692.005 of the Texas Anatomical Gift Act.

7. Expenses. I make this gift on the condition that the gift be made at no expense to my estate or my family. All expenses or costs associated with the gift shall be borne by the donee or recipient or an individual or entity on the donee's or recipient's behalf.

**SIGNED and EXECUTED** this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
Donor

**ATTESTATION**

The foregoing instrument was, on this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, made and published by \_\_\_\_\_, Donor, as a Directive Regarding Anatomical Gifts, and is signed and subscribed by the said \_\_\_\_\_, in our presence, and we, the undersigned, at his request, and in his presence, and in the presence of each other, sign and subscribe our names hereto as attesting witnesses.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_

WITNESS

\_\_\_\_\_  
STREET

\_\_\_\_\_

STREET

\_\_\_\_\_  
CITY AND STATE

\_\_\_\_\_

CITY AND STATE

**STATE OF TEXAS**

§  
§  
§

**COUNTY OF \_\_\_\_\_**

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_, known to me to be the Donor and Witnesses whose names are subscribed to the foregoing instrument in their respective capacities, and, all of said persons being by me duly sworn, the Donor, \_\_\_\_\_, declared to me and to the said Witnesses in my presence that said instrument is his Directive Regarding Anatomical Gifts, and that he had willingly and voluntarily made and executed it as his free act and deed for the purposes therein expressed.

Donor: \_\_\_\_\_  
\_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

**SUBSCRIBED AND SWORN** before me by the said Declarant, \_\_\_\_\_, and by the said Witnesses, \_\_\_\_\_ and \_\_\_\_\_ on this the \_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF TEXAS