

# Sample Statement Regarding Anatomical Gifts

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

## **ANATOMICAL GIFT**

I give such parts of my body to such individuals, institutions, or physicians, qualified to receive anatomical gifts under Texas Revised Uniform Anatomical Gift Act, as may be requested by such individuals, institutions, or physicians. I request that my personal representative or agent 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.

## **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 authorized agent shall make final determination of who is to receive any part if a conflict should arise.

## **ATTENDING PHYSICIAN**

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

## **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 the 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.

## **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.

**DEFINITIONS**

The terms "part," "physician," and agent" have the same meaning as is given to these terms in the Texas Revised Uniform Anatomical Gifts Act. The term "attending physician" has the meaning given in the Texas Advance Directives Act.

**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 in the presence of the witnesses who have signed below this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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(Your Signature)

Two adult witnesses must sign below at the donor's request acknowledging the Donor's signature. One witness may not be the Donor's spouse, child, parent, sibling, grandchild, grandparent, guardian or the recipient of the anatomical gift.

Witness 1 at the Donor's request: \_\_\_\_\_

Witness 2 at the Donor's request: \_\_\_\_\_