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,		Contact Duke Anatomical Gifts upon death: Weekdays: 919-681-5471 (closed weekends & holidays) 24 hour emergency phone: Monday-Thursday: 919-812-7430 Representative to assist at the time of my death:	
		Name	Relationship
		Phone Number	Alternate Phone Number
		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):	
Signature of Donor	Date Signed		
Date of Birth	City & State	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.	
Signature of Witness #1	City & State		
Signature of Witness #2	City & State		

Please Note: During the COVID pandemic in addition to our usual criteria we are requiring proof of a COVID vaccination or proof of a recent COVID test showing the donor is COVID negative. Otherwise we are not able to accept donors into our program. Please plan ahead and call our program as soon as a donor is close to death to verify current criteria.

We recommend printing and signing two copies of this card so an original, signed copy is easily availabe at the time of death