

DOCUMENT OF ANATOMICAL GIFT

I make no anatomical gift at this time. _____ (Initial here) I hereby make this anatomical gift, if medically acceptable, to take effect upon my death _____ (Initial here) I give: (check one) _____ (1) any needed organs or parts _____ (2) only the following organs or parts:

_____ to be donated
_____ for: (check one)

____ (1) any of the purposes stated in subsection (a) of section 19a-279f of the general statutes

____ (2) these limited purposes _____.