

Organ Donor Card



acc. to Section 2 of the German Transplantation Act

Organ Donation

.....
Last name, first name

.....
Date of birth

.....
Street

.....
Postcode, Town



Federal Institute
of Public Health

 **Organ Donation**
give life.

If you have any questions, call the Organ Donation Hotline on freephone **0800/90 40 400**.

If **organ/tissue donation** for **transplantation** is possible **after my death**, I declare:

YES, I give permission for organs and tissue to be taken from my body after a doctor has certified my death.

or **YES**, I give permission for the use of organs and tissue, **except** the following:

or **YES**, I give my permission, but **only** for the following organs and tissue:

or **NO**, I do not wish organs or tissue to be taken from my body.

or The following person should decide YES or NO:

.....
Last name, first name

.....
Telephone number

.....
Street

.....
Postcode, Town

.....
Space for **notes/additional information**

.....
DATE

.....
SIGNATURE