

**ORGAN & TISSUE DONOR CARD**



**1-800-SHARE-NJ**  
**www.sharenj.org**

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\_\_\_\_ I hereby make the following anatomical gift of any needed organs and tissues for the purposes of transplantation and therapy to take place upon my death.

\_\_\_\_ If my gift cannot be used for transplantation or therapy, I hereby authorize use for research or education.

Signature of Donor: \_\_\_\_\_

Date: \_\_\_\_\_

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Donor's birthdate: \_\_\_\_\_

Next of kin: \_\_\_\_\_

Next of kin phone number: \_\_\_\_\_

You may also register your wish to be a donor when you sign up for or renew your New Jersey drivers license. This will place your information in a permanent registry. We also encourage you to share your donor designation with your family

**This card is a legal document of gift under  
New Jersey's Uniform Anatomical Gift Act.**