

ORGAN DONOR CARD

Full Name :

NOTN

NATIONAL DECEASED

DONOR TRANSPLANTATION NETWORK

ndtn2007@gmail.com

Keep this card at all times, let your relatives know your wishes to donate organs

NOTN

NATIONAL DECEASED

DONOR TRANSPLANTATION NETWORK

I _____

S/o, D/o, W/o _____ aged _____

Resident of _____

_____ Tel. _____

Hereby unequivocally authorize the removal of a) Any part of my body or b) my kidneys, corneas, heart, lungs, pancreas. (Strike off as appropriate) may be used from my body after my death for Therapeutic purpose.

Date :

Signature of the donor