

# Consent to Organ Donation

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

To Whom It May Concern,

I, **[Full Name]**, born on **[Date of Birth]**, residing at **[Address]**, hereby give my consent for the medical procedure relating to organ donation.

I understand that the procedure involves the donation of my organs upon my death, and I have been provided with detailed information regarding the nature of the procedure, the potential risks, and outcomes associated with organ donation.

I confirm that I have had the opportunity to ask questions and have received satisfactory answers to all my inquiries. I understand that I may revoke my consent at any time prior to the procedure by notifying the relevant medical personnel.

By signing this consent form, I agree to the organ donation procedure outlined above.

\_\_\_\_\_

Signature of Donor

\_\_\_\_\_

Signature of Witness

\_\_\_\_\_

Date