

Consent for Organ Donation

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, born on **[Date of Birth]**, residing at **[Your Address]**, hereby give my informed consent for organ donation upon my death.

I understand that my organs and tissues may be used for transplantation, research, or education. I have discussed my decision with my family and they are aware of my wishes.

This consent is given voluntarily and without any undue pressure or influence.

Thank you for respecting my wishes.

Sincerely,

[Your Signature]

[Your Printed Name]