

# Organ Donor Card



acc. to Section 2 of the German Transplantation Act

# Organ Donation

.....  
Surname, First name

.....  
Date of birth

.....  
Street

.....  
Postcode, Town



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**