



**JUNTA DE DISPOSICIÓN DE CUERPOS, ÓRGANOS Y
TEJIDOS HUMANOS**

Dear Ms. or Mr: _____

Enclosed are all the documents necessary for the donation of your body and/or organs for the use in studies in the different Departments of Anatomy of the Schools of Medicine and Odontology of Puerto Rico.

These documents will be legal if the following instructions are followed:

- The donation can be made through a public document before a Notary, or by a private document before two witnesses and without the presence of a lawyer or Notary. If the donation is included in the Will, it will be effective upon the donors death without convalidation nor judiciary order.
- Every donor of tissues, organ or body must send a original documents of their decision and/or single copy of their Will to the Board for Disposition of Human Bodies, Organ And Tissues of Puerto Rico within 72 hours after the signing of the document.

Please make sure you complete and send back all the following documents:

1. Personal Information Form
2. Donation of Body and/or Organs Form
3. Two (2) photos 2" x 2"
4. Copy of your Electoral ID or Driver's License

If you wish to cancel your donation please call the Board for Disposition of Human Bodies, Organ And Tissues of Puerto Rico or send a notarized document as soon as possible.

Cordially,

Petrona Benítez
Executive Officer



To Remember Me

By
Robert Noel Test
(1926-1994)



The day will come when my body will lie upon a white sheet neatly tucked under four corners of a mattress located in a hospital busily occupied with the living and the dying.

At a certain moment a doctor will determine that my brain has ceased to function and that, for all intents and purposes, my life has stopped.

When that happens, do not attempt to instill artificial life into my body by the use of a machine. And don't call this my deathbed. Let it be called the Bed of Life, and let my body be taken from it to help others lead fuller lives.

Give my sight to a man who has never seen a sunrise, a baby's face or love in the eyes of a woman.

Give my heart to a person whose own heart has pain.

Give my blood to the teen-ager who was pulled from the wreckage of his car, so that he might live to see his grandchildren play.

Give my kidneys to one who depends on a machine to exist from week to week.

Take my bones, every muscle, every fiber and nerve in my body and find a way to make a crippled child walk.

Explore every corner of my brain.

Take my cells, if necessary, and let them grow so that, someday, a speechless boy will shout at the crack of a bat and a deaf girl will hear the sound of rain against her windows.

Burn what is left of me and scatter the ashes to the winds to help the flowers grow.

If you must bury something, let it be my faults, my weaknesses and all my prejudice against my fellow man.

Give my sins to the devil. Give my soul to God. If, by chance, you wish to remember me, do it with a kind deed or word to someone who needs you.

If you do all I have asked, I will live forever.

PERSONAL INFORMATION

DONOR'S FULL NAME: _____

DATE OF BIRTH: MONTH: _____ DAY: _____ YEAR: _____ SOCIAL SECURITY NO.: _____

PLACE OF BIRTH (CITY): _____ STATE OR COUNTRY: _____

RESIDENTIAL ADDRESS: _____

CITY: _____ ZIP CODE: _____

POSTAL ADDRESS: _____ CITY: _____

ZIP CODE: _____

HOME PHONE NO.: _____ ELECTORAL ID NO.: _____

LAST GRADE COMPLETED: _____ OCCUPATION: _____
(IF RETIRED, LAST OCCUPATION)

WORK OR MOBILE PHONE NO.: _____

CIVIL STATUS: SINGLE MARRIED NAME OF YOUR SPOUSE: _____
 WIDOW DIVORCED

FATHER'S FULL NAME: _____

PLACE OF BIRTH (CITY): _____ COUNTRY OR STATE: _____

MOTHER'S FULL NAME: _____

PLACE OF BIRTH (CITY): _____ COUNTRY OR STATE: _____

CHECK IF YOU OR YOUR SPOUSE IS A VETERAN: MILITARY SERIAL NO.: _____

MILITARY SERVICE BRANCH: _____

WITNESS NAME & SIGNATURE NO. 1 (REQUIRED) _____

WITNESS NAME & SIGNATURE NO. 2 (REQUIRED) _____

WITNESS POSTAL ADDRESS _____

WITNESS POSTAL ADDRESS _____

WITNESS PHONE NUMBER _____

WITNESS PHONE NUMBER _____

DO NOT WRITE IN THIS SPACE. FOR OFFICE USE ONLY.

DONOR'S NO.: _____

DATE OF I.D. CARD: _____

ORIGINAL: _____ DUPLICATE: _____

AUTHORIZED SIGNATURE: _____



DONATION OF BODY AND/OR ORGANS

I, _____, of legal age, with social security _____,
(DONOR'S FULL NAME)
_____ and resident of _____, under oath do solemnly
(OCUPATION OR LAST OCUPATION IF RETIRED) (CITY)

swear:

-----FIRST: That my personal circumstances are those stated above. -----

-----SECOND: That according to the Law Number 296, approved on December 25, 2002 by the Legislature of the Commonwealth of Puerto Rico, as amended I donate to the Board for Disposal of Bodies, Organ and Human Tissues of Puerto Rico:

(My body or organs here specified, heart, kidneys, pancreas, liver, skin, bones, Etc.)

to be used as follows:

_____ A. For teaching purposes by: Students of Medicine, Odonthology or any of the allied health professions.

_____ B. For the purpose of a transplant or rehabilitation of injured, diseased or degenerated tissues or organs of the human body. (THE FAMILY WILL RECUPERATE THE DONOR'S BODY FOR THE FUNERAL ARRANGEMENTS AND THEY WILL BE RESPONSIBLE FOR THE COSTS).-----

-----THIRD: It has been explained to me that if I do not check any of the previous dispositions, it is understood that my body may be used for one or all of the purposes described previously. -----

-----FOURTH: If any family member should be notified once the anatomic studies are completed please check one of the alternatives.

YES ()

NO ()

-----Given at _____ of Puerto Rico this _____ day of _____ the _____.

Donor No.:

Donor's Signature

NOTE: PLEASE MAKE SURE TO COMPLETE EITHER THE WITNESS SECTION SIGANTURES OR TAKE THE DOCUMENT TO AN ATTORNEY TO BE NOTARIZED.

WITNESS NO. 1 NAME & SIGNATURE (REQUIRED)

WITNESS NO. 2 NAME & SIGNATURE (REQUIRED)

WITNESS POSTAL ADDRESS

WITNESS POSTAL ADDRESS

PHONE NUMBER

PHONE NUMER

NOTE: PLEASE SWOR AND SUBSCIBE THIS DOCUMENT BEFORE A PUBLIC NOTARY, IF YOU DO NOT HAVE TWO WITNESSES TO COMPLETE THE INFORMATION ABOVE.

AFFIDAVIT:

-----Sworn and subscribe to before me by _____ whose personal circumstances are those stated above and whom I give faith, I know personally.-----

-----AT _____ of Puerto Rico, this _____ day of _____ the _____.

Public Notary

2"X 2" PHOTO

