



DT9123

**AUTHORIZATION FOR THE REMOVAL
OF TISSUES AND ORGANS
A LIVING PERSON**



Name of establishment _____

I, the undersigned _____

authorize Doctor _____ other physician he may designate, to remove the

following tissues and organs from my body for transplantation purposes:

Restrictions: _____

Signature City

Year	Month	Day
Date		

Witness to the signature

Year	Month	Day
Date		

N.B.: *In the case of a minor, besides obtaining his consent, it is necessary to obtain the authorization of the holder of parental authority and the consent of a judge of the Superior Court. This consent must be in writing; it may equally be revoked in the same way.*