

For Official Use Only							

FULL NAME (as in identity document (ID))																											
ID NO.																											
CITIZENSHIP / RESIDENTIAL STATUS	<input type="checkbox"/> Singapore Citizen	<input type="checkbox"/> Singapore Permanent Resident	<input type="checkbox"/> Others (please specify):																								
DATE OF BIRTH (DDMMYYYY)																SEX	<input type="checkbox"/> Male	<input type="checkbox"/> Female									
RACE	<input type="checkbox"/> Chinese	<input type="checkbox"/> Malay	<input type="checkbox"/> Indian	<input type="checkbox"/> Others (please specify):																							
HOME ADDRESS																											
POSTAL CODE																CONTACT NO.											

I hereby donate the following upon my death (please tick '✓' one box):
☐ Whole body donation ☐ Any needed organs or parts ☐ Any organs or parts specified here: _____

My donation is for the purposes of (please tick '✓' all applicable boxes):
☐ Transplant and / or therapy ☐ Medical / dental education, research, and / or advancement of medical / dental science

[OPTIONAL SECTION] A gift of all or any part of the body of a deceased person may be made to a specified donee* or without specifying a donee. This section may be left blank if you do not wish to specify a donee for the purpose(s) indicated above upon death.

I wish to specify the following as donee, for the purpose(s) indicated above upon my death (optional):

Donation to specified individual for therapy or transplantation needed by him / her (if applicable):	
FULL NAME (as in ID)	
ID NO.	
Donation to specified approved hospital, or approved medical / dental school, college, or university (if applicable):	
NAME OF HOSPITAL OR MEDICAL / DENTAL SCHOOL, COLLEGE OR UNIVERSITY	
If the specified donee does not or is unable to accept, and / or does not need my body / organs upon my death (please tick '✓' one box): <input type="checkbox"/> I agree to donate my body / organs to other donees for the purposes I have indicated above. <input type="checkbox"/> I do not agree to donate my body / organs to other donees.	
Remarks	

**Donee refers to any specified individual, any approved hospital or approved medical / dental school, college or university.*

Please note that under the Medical (Therapy, Education and Research) Act 1972:

1. A gift of a body or any part thereof may be revoked by the donor at any time.
2. If you have specified an individual as donee for the purposes of therapy or transplantation needed by him / her, kindly note that your organs will not be preserved for this purpose, if the specified donee does not require therapy or transplantation upon your death.
3. You are encouraged to discuss your decision to pledge the donation of your body / organs with your family members or next-of-kin so that they will be aware of your wishes. These members will be instrumental in ensuring that your wishes are carried out.
4. Upon your death, your health records (including electronic health records) will be accessed, to facilitate assessment of the suitability of your body / organs for donation.

SIGNATURE		DATE (DDMMYYYY)												
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Please note that a person who is mentally disordered may not pledge the donation of his / her body / organs through submitting this form.

WITNESS' PARTICULARS*														
FULL NAME (as in ID)														
ID NO.														
DATE OF BIRTH (DDMMYYYY)														
CONTACT NO.														
HOME ADDRESS														
POSTAL CODE														
RELATIONSHIP														
SIGNATURE														
DATE (DDMMYYYY)														

In the event of my death, please contact:

FULL NAME (as in ID)																CONTACT NO.										
HOME ADDRESS																										
POSTAL CODE																										

**Witness must be 21 years of age or older.*

NATIONAL ORGAN TRANSPLANT UNIT
Outram Road
c/o Singapore General Hospital
Singapore 169608



BUSINESS REPLY SERVICE
PERMIT NO. 01589

National Organ Transplant Unit

Please fold here

Note:

1. This organ donation pledge form only applies to individuals aged 18 years and above.
2. Please note that the organ(s) indicated in this organ donation pledge shall be recorded in the organ donation pledge registry and updated with any other organ pledge(s) made previously.
3. This form is invalid if it is not duly completed.
4. Please forward the completed form to the following address:
National Organ Transplant Unit
c/o Singapore General Hospital
Outram Road
Singapore 169608
5. If you do not receive an acknowledgment to your pledge for organ donation within 3 weeks, please contact the Officer-in-Charge at the above address or contact 63214390.

Postage will
be paid by
addressee. For
posting in
Singapore only.