

FORM - 6
[(See rule 4(2) (b)]

I.....

S/O, D/O, W/O, H/O aged

resident of.....having lawful possession of the dead
body Sri/Smt/km.....

S/O, D/O, W/O, H/O aged

ofhaving} known that the

deceased has not expressed any objection to his/her organ/organs being removed for
therapeutic purposes after his / her death and also having reasons to believe that no near
relative of the said deceased person has objection to any of his/her organs being used for
therapeutic purposes authorize removal of his/her body organs,
namely.....

Dated:

Signature of Regd. medical practitioner

Place :

Person in lawful possession of the dead body

Address

.....

FORM - 7
[(See rule 4(2) (b)]

I, Mr/ Mrs./Miss.....having lawful possession of the
dead body of Mr/ Mrs./Miss.....son of/ daughter of / wife of
..... aged resident ofafter

having known that the objection was expressed by the deceased to any of his human organs
being used after his death for therapeutic purposes and having reason to believe of deceased
person has objection to any of the deceased person's organs being used for therapeutic
purposes, hereby authorize the removal of the deceased's organ, namely,

..... for therapeutic purposes.

Signature.....

Name

Address
.....

Time and Date