

F O R M - 6

I, _____ s/o, d/o, w/o shri _____
aged _____ resident of _____

_____ having lawful possession of the dead body of
Shri./Smt./Km _____ s/o, d/o, w/o Shri _____
aged _____ resident of _____

having known that the deceased has not expressed any objection in 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, authorise removal of his/her body organs, namely _____

Dated: _____

Signature _____

Place : _____

Person is lawful possession of
the dead body.

Address:

