

# FORM - 7

I, Shri/Smt/Km \_\_\_\_\_, having lawful possession of the dead body of Shri/Smt/Km \_\_\_\_\_ s/o, d/o, w/o Shri \_\_\_\_\_ aged \_\_\_\_\_ resident of \_\_\_\_\_

after having known that no objection was expressed by the deceased to any of his human organ being used after his death for therapeutic purposes and also having reason to believe that no near relative of the deceased person has objection to any of the deceased person's organ being used for therapeutic purposes, hereby authorise the removal of the deceased's organ, namely, \_\_\_\_\_ for therapeutic purposes.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time & Date \_\_\_\_\_