

# DONATION OF EYES - INDIVIDUAL PLEDGE

## Authority for Removal of eyes after death

I, \_\_\_\_\_ son / daughter / wife of  
\_\_\_\_\_ Aged \_\_\_\_\_  
residing at \_\_\_\_\_

hereby express my and frank pledge for the removal of eyes after my death from my body.

By a registered medical practitioner / Technician trained in enucleation for use for therapeutic / Research/Training purposes. I have been explained and I understand all the aspects of such donation. I enjoin members of my family to put this pledge into effect soonest after my death.

Place : \_\_\_\_\_

Signature : \_\_\_\_\_

Date :    /    /    Time:

1.    Witness (Next to Kin)    : \_\_\_\_\_  
      Signature                        : \_\_\_\_\_  
      Name                                : \_\_\_\_\_  
      Relationship                        : \_\_\_\_\_  
      Address                                : \_\_\_\_\_

1.    Witness (Next to Kin)    : \_\_\_\_\_  
      Signature                        : \_\_\_\_\_  
      Name                                : \_\_\_\_\_  
      Relationship                        : \_\_\_\_\_  
      Address                                : \_\_\_\_\_