

## My Objection against the Extraction of my Organs

by (First and second name, born as, date and place of birth, domicile: post code, place, street and house number, country, telephone, fax, email, passport number, if necessary second domicile with telephone, fax, email):

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### I do not donate organs, parts of organs, tissues or cells

**I prohibit: organ diagnoses, organ-protecting measures, brain-death diagnostics, especially the apnea test, for the purpose of organ donation.**

**I do not participate in research projects. I do not want an autopsy of my body.**

Please, **Respect my living will,** which I am carrying with me in the same envelope.

**In case I can't express my will anymore, please contact the following people:** (Kind of relation, first and second name, domicile, telephone, fax, email):

1 \_\_\_\_\_  
\_\_\_\_\_;

2 \_\_\_\_\_  
\_\_\_\_\_;

3 \_\_\_\_\_  
\_\_\_\_\_;

4 \_\_\_\_\_  
\_\_\_\_\_.

**I always carry this document with me! I have provided the above-mentioned persons with copies of this document and have spoken to them about its significance.**

\_\_\_\_\_ (place) \_\_\_\_\_ (date) \_\_\_\_\_ (signature)

End of the document "My Objection against the Extraction of my Organs" as of \_\_\_\_\_

by \_\_\_\_\_ This document is *one* page long.