Request to Contact
Organ Procurement Organization

To whom it may concern,

We have decided that we would like to pursue organ/eye/tissue donation for our son/daughter, __________________________________________ (baby’s name).

Dr. /Midwife ___________________________________________ and his/her nurses and associates have our permission to talk to the staff at our OPO regarding our baby.

We are working with ______________________________________________________ (our local Organ Procurement Organization).

The contact with this OPO is Mr./Mrs. ________________________________________.

He/she can be contacted at __________________________________ (phone number)
or _________________________________________________________________ (email address).

Any information about our pregnancy and our baby’s diagnosis and growth may be discussed in an effort to pursue our donation options. Please contact our OPO about the possibilities of organ and/or tissue donation by ____________________________ (date).

Thank you for your time and consideration.

Parent(s) signature

_________________________________________________

_________________________________________________

Date __________________________

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