

Organ / Tissue Donor Card

I, _____ wish to donate my organs and tissues. I wish to give:

<input type="checkbox"/> Any needed organs and tissues	<input type="checkbox"/> Only the following Organs and Tissues:
Signature	
witness	
witness	
In case of emergency call 999 or 4393507	

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Card Holder Details:

Photo

Full Name	
Date Of Birth	DD / MM / YYYY
Blood Group	
Qatar ID Card	
Home Phone	
Office Phone	
Friends Phone	
Date	DD / MM / YYYY
Other Details	

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