



Give back life!

How to Request to Have an Organ or Tissue Donor's Name Inscribed on the Canadian Organ Donors Association (CODA) Cenotaph in Jacob-Nicol Park (Intersection of De Portland Boulevard and Jacques-Cartier Boulevard) in Sherbrooke, Quebec

1. Complete the form "REQUEST TO HAVE A DONOR'S NAME INSCRIBED ON THE CENOTAPH" (Page 2) and have it signed by a commissioner for oaths or a justice of the peace.

Note: The form may be signed at any city hall or by any authorized public official for a nominal administrative fee.

2. Complete the form "AUTHORIZATION FOR INSCRIPTION ON THE CENOTAPH" (Page 3) and include the signatures of the donor's legal heirs. Where necessary, attach more than one page of signatures.
3. In the absence of an official document of organ or tissue donation from Transplant Québec (in Quebec) or from any other duly authorized organization (in Canada, the US or elsewhere), please have the form "MEDICAL CONFIRMATION" (Page 4) completed by the physician who admitted or treated the donor before the donor's death.

Note: Where the donor's family doctor obtains confirmation of organ or tissue removal from the hospitals in question, he or she may sign the form "MEDICAL CONFIRMATION."

We will send you confirmation of future donor inscription once all required forms and materials have been received at the following address. Please allow 8 to 10 weeks for processing.

CODA, P.O. Box 6026, Saint-Jean-sur-Richelieu J2W 2A1, Canada



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File No.: _____
Received on: _____

**REQUEST TO HAVE A DONOR'S NAME
INSCRIBED ON THE CENOTAPH**

I, the undersigned, _____,
reside and am domiciled at the address _____,
in the city of _____, in the province of _____,
with postal code _____ and telephone number _____-_____-_____.

1. I am an heir of _____ (the "Donor"),
who was born on _____, who in his or her lifetime was domiciled at

(Donor's address)

who passed away on _____ and who donated tissue or one or more of
his or her organs for transplantation or grafting.

2. The Donor:

2.1 Left a will that was made before _____,
a notary in _____, on _____,
under number _____ of his or her minutes;

2.2 Left a will made in the presence of witnesses ____, or a holograph will ____ dated
_____, which was probated by the Superior Court of Québec
on _____, in case number _____;

2.3 ____ Did not leave a will.

(Please attach the form "**Authorization for Inscription on the Cenotaph**" which has
been duly signed by the signatory of this document.)

3. Only the Donor's heirs, whose names and addresses appear on the attached form
"**Authorization for Inscription on the Cenotaph,**" may authorize inscription of the Donor's
name on the cenotaph. All legal heirs must give their consent by signing said form.

And I have signed at _____, in the province of _____.

(Declarant's signature)

Solemnly sworn before me at _____, this _____ day of _____, 20_____.

**Commissioner for oaths, justice of the peace
or any other duly authorized person**



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**AUTHORIZATION FOR INSCRIPTION
ON THE CENOTAPH**

We the undersigned, the legal heirs of the deceased, _____,
(please print Donor's name)

hereby consent that the name of _____
(please print Donor's name)

be inscribed on the monument which the Canadian Organ Donors Association erected
in Sherbrooke, in the province of Quebec, in memory of individuals who donated
organs or tissue for transplantation or grafting.

Name (please print)	Name (please print)
Address	Address
City	City
Postal code Tel.	Postal code Tel.
<i>Signature</i>	<i>Signature</i>
Name (please print)	Name (please print)
Address	Address
City	City
Postal code Tel.	Postal code Tel.
<i>Signature</i>	<i>Signature</i>
Name (please print)	Name (please print)
Address	Address
City	City
Postal code Tel.	Postal code Tel.
<i>Signature</i>	<i>Signature</i>

NB: Please reproduce this page where there are more than six (6) signatories.



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MEDICAL CONFIRMATION

(TO BE COMPLETED IN THE ABSENCE OF A CERTIFICATE OF ORGAN OR TISSUE DONATION FROM AN AUTHORIZED ORGANIZATION)

I, the undersigned physician, _____, confirm that
(please print physician's name)
the deceased, _____, made the donation of tissue or of one or
(please print Donor's name)
more organs for transplantation or grafting.

Signed at _____, in the province of _____,
on this ____ day of _____, 20__.

(Signature of certifying physician)

(Physician's permit to practice number)

(Medical confirmation is not required where organ or tissue donation is confirmed by a responsible party, e.g., Transplant Québec, the Banque d'yeux nationale inc., the hospital, the coroner or any other official transplantation program in Canada or the United States.)