



ORGANS TRANSFER APPLICANT FORM



____ DAY ____ MONTH ____ YEAR

I, _____*, WILL TRANSFER THE FOLLOWING EXTERNAL / INTERNAL ORGANS TO THE FOLLOWING AGENT'S CARE AS A EXTERNAL / INTERNAL ORGAN APPLICANT. THE ACT OF TRANSFER IS COMPLETELY OF MY OWN FREE WILL AND OF MUTUAL CONSENT. ALL CONDITIONS ARE LOOKED OVER AND AGREED UPON FOR BOTH PARTIES AND IS NOT ONE SIDED.

EXTERNAL / INTERNAL ORGAN RECIPIENT
AGENT

STRAWBERRY GURO
LUCIE ORGAVI



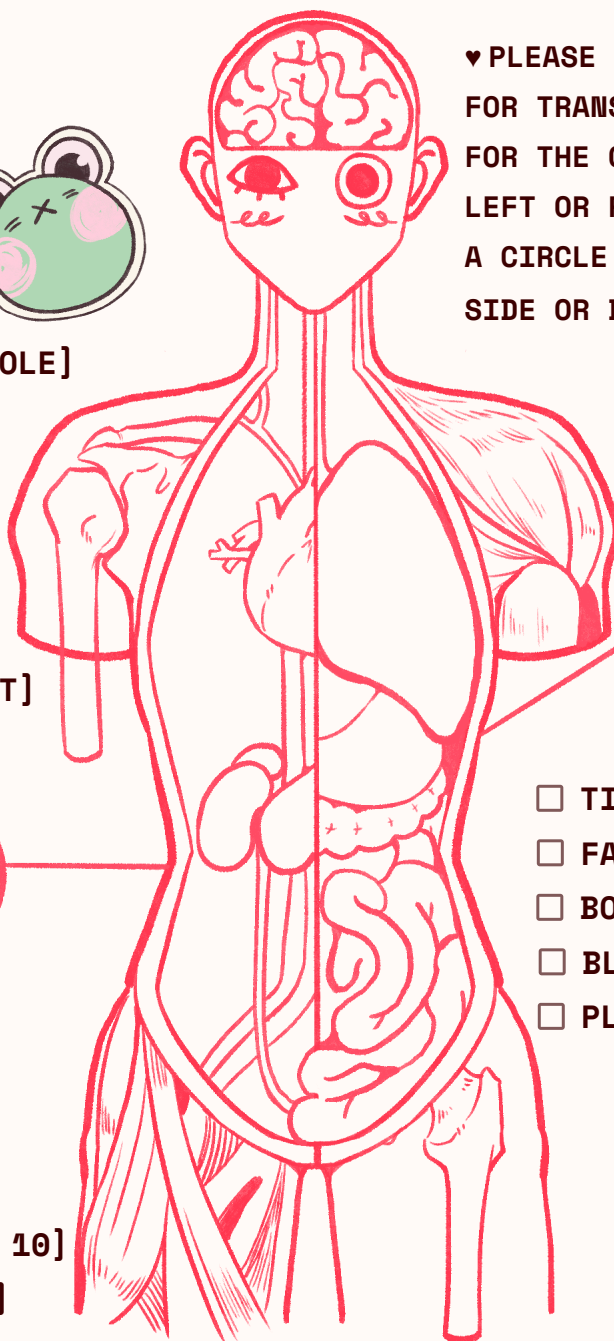
♥ PLEASE PLACE A CHECKMARK FOR TRANSFERABLE PARTS. FOR THE OPTIONS OF EITHER LEFT OR RIGHT, PLEASE PLACE A CIRCLE ON THE APPLICABLE SIDE OR BOTH.

- ☐ INTESTINE [PART / WHOLE]
- ☐ LIVER [PART / WHOLE]
- ☐ LUNGS [LEFT / RIGHT]
- ☐ HEART
- ☐ STOMACH
- ☐ PANCREAS
- ☐ KIDNEYS [LEFT / RIGHT]
- ☐ BONE MARROW



- ☐ TISSUE FAT.....
- ☐ FACIAL SKIN...
- ☐ BODY SKIN
- ☐ BLOOD.....
- ☐ PLASMA.....

- ☐ EYES [LEFT / RIGHT]
- ☐ EARS [LEFT / RIGHT]
- ☐ FINGERS [1 2 3 4 5 10]
- ☐ TOES [1 2 3 4 5 10]
- ☐ OTHER _____



SIGN _____

♥ INCASE OF APPLICANT NOT HAVING A OFFICIAL SEAL, A THUMB PRINT WILL BE USED TO COMPLETE THE CONTRACT.