

**FORM FOR DONATION OF EYES  
AFTER DEATH**

Eye Bank,  
Ophthalmic Department,  
General Hospital,  
Singapore, 3.  
Tel. No. 7214

I hereby donate my eyes to the Eye Bank at the time of my death to be used for the restoration of sight of some blind person or for research seeking to prevent blindness and to find cures for diseases of the eyes.

Witnessed by: ..... Signature: .....  
Name in Block Letters: ..... Name in Block Letters: .....

Address: ..... Address: .....  
Witnessed by: .....  
Name in Block Letters: .....  
Address: .....

This form must be witnessed by two persons who should, if possible, be the nearest relatives.

Donated eyes must be given within six hours of death. After this critical time the eyes cannot be used for this humanitarian purpose and it is for this reason that the relatives are notified of your desire so that the information of your death will be given to the Eye Bank as soon as possible on your death.

Please inform the Hospital Authorities whenever you may be admitted to hospital of your special bequest.

*NOTE:* Please return this form to the Eye Bank as soon as it has been filled.

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*NOTE:* Please retain this form which is your duplicate.