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EC01 MDF ACB

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CLASS: D - Non-Commercial Vehicles •



10051992
wisconsinmv.gov

Use Permanent Ink

Anatomical Gift Statement - Upon my death, I wish to donate: v.i.e
 All organs, tissues and eyes I refuse to make an anatomical gift

Limitations: _____
Signature: _____ Date: _____

This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:
Social Security Administration
P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card you will not receive a response.

Social Security Administration
Form SSA-3000 (08-2011)



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