



**DONOR DIRECTIVE**

I, the undersigned,

Surname	
Forename/s	
Identity/Passport No.	
Gender	
Residential address	

being of full and competent age and mind, after careful consideration, make the following declaration:

1. I hereby agree and direct that upon my death (as more fully described below), my lifesaving organs, namely my heart, liver, lungs, pancreas and kidneys only ("my organs") may be explanted and donated to a person or persons, for medical transplant purposes, provided only that the declaration of my death and the entire explant and transplant procedure is undertaken strictly in accordance with South African law and under the guidance and at the direction of the Johannesburg Beth-Din (Jewish Ecclesiastical Court) ("the Beth-Din") and The Life2life Foundation (An Association In Terms Of Schedule 1 Of Act No. 71 Of 2008) (Registration Number 2015/360491/08) ("Life2Life"), to ensure Halachic (Jewish Orthodox Religious Law) compliance in accordance with the principals set out by the Chief Rabbinate of Israel.
2. For purposes hereof, "death" shall mean "brain stem dead", as determined by the usual medical tests prescribed in accordance with South African law and the 'Harvard criteria' (or such other criteria as may be determined by the Beth-Din and Life2Life) but which brain stem death must also be confirmed by a medical practitioner exclusively appointed by the Beth-Din and Life2Life, who may direct as to the appropriate method to be used, if any, to further confirm brain stem death, after the tests, required by South African law, have been completed. Notwithstanding anything aforementioned, only the medical practitioner, exclusively appointed by the Beth-Din and Life2Life, will be eligible to determine that the organ donation can proceed and not any other medical practitioner whatsoever.
3. It is my express wish, desire and direction that the Beth-Din, Life2Life and the medical practitioners performing any functions as described above, be fully exonerated and exempt from all blame or liability which may nevertheless arise therefrom and that my family must respect and honour my wishes and directives as described herein.

**THUS DONE and SIGNED** at ..... on this the ..... day of ..... 20...., in the presence of the undersigned witnesses (whose personal particulars are contained in a schedule annexed hereto), who both being present at the same time and in my presence, have hereunto set their signatures.

.....  
**Donor**

**As Witnesses:**

1. ....
2. ....

*NB – please keep the original of this form with your other important documents and advise your family. Please email a copy to [info@life2life.org.za](mailto:info@life2life.org.za)*

*For any questions you can contact Life2Life on **Tel: 0860 222 234***

**PERSONAL PARTICULARS**  
**OF WITNESSES**

<b>WITNESS 1</b>	
FULL NAMES:	
IDENTITY NUMBER / DATE OF BIRTH:	
RESIDENTIAL ADDRESS:	
CONTACT TELEPHONE NO.	

<b>WITNESS 2</b>	
FULL NAMES:	
IDENTITY NUMBER / DATE OF BIRTH:	
RESIDENTIAL ADDRESS:	
CONTACT TELEPHONE NO.	

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*For any questions you can contact Life2Life on **Tel:** 0860 222 234*