

CODA Form

Procedure to follow in a demand of a donor name inscription on the cenotaph of the
Canadian Organ Donors Association (C.O.D.A.),
located at the Jacob Nicol Park
(intersection of de Portland blvd and Jacques-Cartier street in Sherbrooke (Qc)).

1. Fill in the form entitled “REQUEST FOR THE INSCRIPTION OF A DONOR ON THE CENOTAPH” (page 2), making sure to have the demand registered by an oath officer or justice of peace.

Note: The swearing in procedure can be completed, at any city hall, with a duly empowered officer, for minimal administration fee.

2. Fill in the form entitled “AUTHORIZATION OF CENOTAPH INSCRIPTION” (page 3), making sure the donor’s heirs have properly signed the document; when needed, you may submit more than one page of heir signatures.
3. In cases where no official organ donation forms exist, either from Québec Transplant or any other duly authorized organism from Canada, United States or elsewhere, ensure that the form entitled “MEDICAL CERTIFICATE” (page 4) have been duly filled by the doctor that have either treated or signed in the donor hospital intake prior to his death.

Note: The donor family physician, from his function, will be delivered the donation confirmation from the hospital authorities, and therefore, be duly empowered to sign the required “Medical Certificate”.

Please allow for a delay of 8 to 10 weeks for inscription confirmation, provided all required forms and information have been received at the following postal address:

CODA, C.P. 725, Sherbrooke (Qc), J1H 5K7, Canada



Give **back** life...



File number: _____

Received on: _____

REQUEST FOR THE INSCRIPTION OF A DONOR ON THE CENOTAPH

I, the undersigned, _____ ,
domiciled and residing at _____ ,
in _____ , Province of _____ ,
postal code _____ ; telephone (_____) _____ - _____ .

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

deceased on _____ and having donated of one or more of his/her
organs for transplantation;

2. The Donor:

2.1 made a notarial will before _____, Esq. , notary in
_____, on _____, under registration
number _____ .

2.2 made a will before a witness ____, or a holograph will __ dated from _____
; the will has been confirmed by a decision rendered on _____, in file
number _____ of the Superior Court of Quebec;

2.3 ____ did not make a will.

(Please attach the *Authorization of Cenotaph Inscription* form, duly signed by the signatory hereto)

3. The inscription of donors may be authorized only by heirs and individuals whose names
and addresses appear on the *Authorization of Cenotaph Inscription* form, who have all
expressed their consent by signing said form attached hereto.

And, I have signed in _____, Province of _____ .

(*signature of declarant*)

**Solemnly declared before me, in _____ ,
this _____ day of _____ 20__ .**

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



AUTHORIZATION OF CENOTAPH INSCRIPTION

We, the undersigned, on behalf of the deceased, _____,
(name of Donor in block letters)

hereby consent that the name of _____
(name of Donor in block letters)

may be inscribed on the monument erected by the Canadian Organ Donors Association in
Sherbrooke, Province of Quebec, in memory of transplant organ donors.

Table with 2 columns and 4 rows of signature fields. Each field includes lines for Name in block letters, Address, City/Town, Postal code Tel., and Signature.

NB.: Please copy this page if the number of signatories exceeds six (6).



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MEDICAL CERTIFICATE

(IF CERTIFICATE ISSUED BY AN AUTHORIZED BODY IS UNAVAILABLE)

I, _____, the undersigned physician, confirm that
(name of physician in block letters)
the deceased, _____, donated (an) organ(s).
(name of donor in block letters)

Signed in _____, Province of _____, this
_____ day of _____ 20 ____ .

(signature of attesting physician)

(medical licence number)

(A medical certificate is not required if, in an attached document, the organ donation is confirmed by an official body, such as Québec-Transplant, la Banque d'yeux nationale inc., a hospital centre, a coroner, or any other official transplantation program in Canada and the United States.)