

# Organ Donor Registry Enrollment Form

\*Denotes required information (please print)

## PERSONAL INFORMATION

Prefix \_\_\_ (Mr., Mrs., Dr., etc.)

\*First Name \_\_\_\_\_ Middle Initial \_\_\_

\*Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ (Jr., Sr., II, etc.)

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

\*Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Gender  M  F

\*Height \_\_\_ Feet \_\_\_ Inches

\*Eye Color \_\_\_\_\_

9-Digit Driver License or Non-Driver ID Number (not required) \_\_\_\_\_

## SPECIFICATIONS (Please complete Part 1 and Part 2)

### \*Part 1:

I consent to the donation of all my organs, tissues and eyes

OR

I consent to the donation of only the organs and tissues checked below:

#### Organs

- Heart
- Intestines
- Kidneys
- Liver
- Lungs
- Pancreas

#### Tissues

- Blood vessels
- Bone and Connective Tissue
- Corneas
- Eyes
- Skin

### \*Part 2:

I consent to donate my organs and/or tissues for the purpose(s) of:

Transplant and Research

Transplant Only

Research Only

## SIGN & DATE

By signing below, I am indicating my consent to enroll in the New York State Donate Life Organ and Tissue Donor Registry. I understand that by enrolling in the registry, I am giving legal consent to the donation of my organs, tissues and eyes (as specified above) in the event of my death. I authorize access to this information as needed for the administration of the registry, and to federally regulated organ procurement organizations, New York State licensed tissue and eye banks, and entities formally approved by the NYS Commissioner of Health at or near the time of my death.

\_\_\_\_\_  
\*Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\*Date

Team: \_\_\_\_\_