

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 (____) _____ - _____

*Date of Birth ____ / ____ / ____ *Gender M F

*Height ____ Feet ____ Inches *Eye Color _____

9-Digit Driver License or Non-Driver ID Number: (not required) _____

FORM OF DONATION

*I offer the donation of:

All Organs, Tissues and Eyes

Limited Organs, Tissues and Eyes as specified below

(Please check the box of the organs and tissues you wish to donate):

Bone and Connective Tissue

Liver, Iliac Vessels

Corneas

Lungs

Eyes

Pancreas (with Iliac Vessel)

Heart (For Valves)

Skin

Heart with Connective Tissue

Small Intestine

Kidneys

Veins

USE OF DONATION

*I wish to donate the organs and/or tissues specified above for:

Transplantation and Research

Transplantation Only

Research Only

SIGN & DATE

I wish to enroll in the New York State Donate Life Organ and Tissue Donor Registry maintained by the State Department of Health. 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 the State Department of Health to access this information as needed in administration of the registry, and to share this information at or near the time of my death with federally regulated organ procurement organizations, New York State licensed tissue and eye banks and entities formally approved by the Commissioner.

_____/_____/_____
*Signature *Date

An incomplete form, is a wasted form – it can't be used! Make your generous act count. Fill out all *required information!

Team: Stony Brook Medicine