NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Donate Life Organ and Tissue Donor Registry Enrollment Form

*** Require completion--Please print clearly**

Name:

***First: _____ *Last: _____ MI: _____ Suffix: _____**

***Date of Birth: Month: _____/Day: _____/Year: _____ * Gender: Male: _____ Female: _____**

***Address: _____City: _____State: _____Zip: _____**

***Phone Number: (____) _____ Email address: _____**

***Height: Feet: _____ Inches: _____ *Eye color: _____**

***Identification Number: (One of the below is required)**

DMV Driver's or Non-Driver's License Number (9 digits):_____

NYCID Number: _____

*** I offer the donation of:**

- ❑ **All** organs, tissues and eyes
- ❑ **Limited** organs, tissues and eyes as checked below:
  - ❑ Bone and connective tissue
  - ❑ Corneas
  - ❑ Eyes
  - ❑ Heart (for valves)
  - ❑ Heart and connective tissue
  - ❑ Kidneys
  - ❑ Liver (with iliac vessels)
  - ❑ Lungs
  - ❑ Pancreas (with iliac vessels)
  - ❑ Skin
  - ❑ Small intestine
  - ❑ Veins

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

❑ Transplantation and Research ❑ Transplantation only ❑ Research only

I wish to enroll in the New York State Donate Life Organ and Tissue Donor Registry maintained by the New York 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 NYS 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: _____/_____/_____**

Please complete form and mail to:

NYS Department of Health, Organ Donation and Transplant Unit, 875 Central Avenue, Albany, NY 12206 or

email to: donorreg@health.ny.gov