



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.  
Commissioner

## NYS Donate Life Organ and Tissue Donor Registry Enrollment Form

**Please Print** (\* required)

Prefix: \_\_\_\_\_ (Dr., Fr., etc)

\*First Name: \_\_\_\_\_

Middle Init: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_ (Jr, Sr, II, etc)

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

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

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

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Gender: \_\_\_\_Male\_\_\_\_Female

\*Height: \_\_\_\_feet\_\_\_\_inches \*Eye Color: \_\_\_\_\_

9- digit Motor Vehicle license or non-driver license DMV issued ID number: \_\_\_\_\_

\* 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 that YOU WISH TO DONATE:

- |   |   |
|---|---|
| <input type="checkbox"/> Bone and Connective Tissue   | <input type="checkbox"/> Liver/Iliac Vessels          |
| <input type="checkbox"/> Corneas                      | <input type="checkbox"/> Lungs                        |
| <input type="checkbox"/> Eyes                         | <input type="checkbox"/> Pancreas (with Iliac Vessel) |
| <input type="checkbox"/> Heart (For Valves)           | <input type="checkbox"/> Skin                         |
| <input type="checkbox"/> Heart with Connective Tissue | <input type="checkbox"/> Small Intestine              |
| <input type="checkbox"/> Kidneys                      | <input type="checkbox"/> Veins                        |

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

- 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 State Department of Health. I understand that by enrolling in the registry I am giving legal consent to the donation of my organs and tissues (as specified above) in the event of my death. I authorize the State Department of Health to share this information with federally regulated organ procurement organizations and New York State licensed tissue and eye banks at the time of my death.

\_\_\_\_\_  
Signature

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

Mail to: **New York State Donate Life Organ and Tissue Donor Registry**  
**New York State Department of Health**  
**433 River Street**  
**Hedley Park Place, 6<sup>th</sup> Floor**  
**Troy, NY 12180**