



New York State Donate Life Registry
CHANGE AND SPECIFICATION FORM
donatelife.ny.gov | 1-866-NY DONOR

NOTE: You may update your identifying information, change the organs and/or tissues you consent to donate, or the purpose(s) for which they may be used in the New York State Donate Life Registry online at donatelife.ny.gov OR by completing, signing, and submitting this form to address below.

- \*I wish to: Update my identifying information on page one.
Change the organs and/or tissues I consent to donate on page 2.
Change the purposes for which my donated organs can be used on page 2.

IDENTIFYING INFORMATION

\*Indicates required field - please type or print clearly in black or blue ink

\*First Name: MI: \*Last Name:

Suffix: (E.g. Jr., Sr.) \*Date of Birth: (MM/DD/YYYY)

\*Mailing Address: Address 1: Address 2: City: State: Zip:
If different, Residential Address: Address 1: Address 2: City: State: Zip:

\*Phone Number: ( ) - Email address:

\*Gender: Male Female Height: Feet: Inches: Eye color:

Identification Number:

NYS Driver License Number (9 digits):
OR
NYS Non-Driver's ID Number (9 digits):
OR
IDNYC Number:

IDENTIFYING INFORMATION previously provided to the NYS Donate Life Registry, if APPLICABLE

INSTRUCTIONS: Only complete this section if the identifying information provided above is different the identifying information you provided previously to the NYS Donate Life Registry.

Previous Name: First Name: MI: Last Name:

Suffix: (Jr., Sr., II, etc.) Date of Birth: (MM/DD/YYYY) Gender: Male Female

Residence Address:

City: State: Zip:

See Page 2 of this form to change the organs and/or tissues you consent to donate, or to change the purposes for which your donated organs can be used. Return both pages with your submission.



# New York State Donate Life Registry

## CHANGE AND SPECIFICATION FORM

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**SPECIFICATIONS**

**INSTRUCTIONS:** ONLY COMPLETE THIS SECTION IF YOU ARE CHANGING THE ORGANS/AND OR TISSUES YOU CONSENT TO DONATE, OR ARE CHANGING THE PURPOSE OF YOUR AUTHORIZED DONATION. *Please complete Parts 1 and 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

By signing below, I am indicating my consent to enroll and/or make changes to my previous enrollment(s) in the New York State Donate Life 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Complete, sign and date this form; submit to the NYS Donate Life Registry by email: [registry@donatelife.ny.gov](mailto:registry@donatelife.ny.gov) or US mail to:**

New York State Donate Life Registry  
 Donate Life New York State  
 185 Jordan Road  
 Troy, NY 12180