



NEW YORK STATE DONATE LIFE REGISTRY

ENROLLMENT FORM

donatelife.ny.gov | 1-866-NY DONOR

**Indicates required field – please type or print clearly in black or blue ink.*

IDENTIFYING INFORMATION

*First Name: _____ MI: _____ *Last Name: _____

Suffix: _____ (Jr., Sr., II, etc.) *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 digit): _____

OR

NYS Non-Driver's ID Number (9 digits): _____

OR

IDNYC Number: _____

SPECIFICATIONS: Please complete Parts 1 AND Part 2.

*Part 1:		*Part 2:
<input type="checkbox"/> I consent to the donation of All my organs, tissues and eyes OR <input type="checkbox"/> I consent to the donation of Only the organs and tissues checked below:		I consent to donate my organs and/or tissues for the purpose(s) of: <input type="checkbox"/> Transplant AND Research <input type="checkbox"/> Transplant Only <input type="checkbox"/> Research Only
Organs <input type="checkbox"/> Heart <input type="checkbox"/> Intestines <input type="checkbox"/> Kidneys <input type="checkbox"/> Liver <input type="checkbox"/> Lungs <input type="checkbox"/> Pancreas	Tissues <input type="checkbox"/> Blood vessels <input type="checkbox"/> Bone and Connective Tissue <input type="checkbox"/> Corneas <input type="checkbox"/> Eyes <input type="checkbox"/> Skin	

By signing below, I am indicating my consent to enroll 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 or US mail to:

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