

## 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 Naı	ne:
Suffix: (Jr., Sr., II, etc.) *Date of Birth:/(MM/DD/YYYY)			
*Mailing Address: Address 1:		Address 1:	idential Address:
		Address 2:	
City:State	e: Zip:	City:	State:Zip:
Phone Number: ( Email address:			
<b>*Gender:</b> □Male □Female	Height: Feet:	Inches:	Eye color:
Identification Number:			
NYS Driver License Number (9 digit):			
SPECIFICATIONS: Please complete Parts 1 AND Part 2.			
*Part 1:		*Part 2:	
☐ I consent to the donation of All my organs, tissues and eyes  OR			I consent to donate my organs and/or tissues for the purpose(s) of:
☐ I consent to the donation of Only the organs and tissues checked below:		☐ Transplant AND Research	
Organs  Heart	Tissues  Blood vessels	T:	☐ Transplant Only
☐ Intestines ☐ Kidneys ☐ Liver	☐ Bone and Connecti☐ Corneas☐ Eyes☐ Skin	ve rissue	☐ Research Only
☐ Lungs☐ Pancreas	LI SKIII		
that by enrolling in the registry, I a above) in the event of my death. I authorize access to this in	m giving legal consent to nformation as needed for New York State licensed	the donation of n the administratio tissue and eye bar	k State Donate Life Registry. I understand ny organs, tissues and eyes (as specified n of the registry and to federally regulated nks, and entities formally approved by the
*Signature:			Date:/
			by email: registry@donatelife.ny.gov or U

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

mail to: