



NEW YORK STATE DONATE LIFE REGISTRY REMOVAL FORM

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

You may remove yourself from the New York State Donate Life Registry online at donatelife.ny.gov or request removal by completing, signing and submitting this form to the address below.

**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: | If different, Residential Address: |
| Address 1: _____ | Address 1: _____ |
| Address 2: _____ | Address 2: _____ |
| City: _____ State: _____ Zip: _____ | City: _____ State: _____ Zip: _____ |

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

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

Identification Number:

NYS Driver's License Number (9 digits): _____

OR

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

OR

IDNYC Number: _____

By signing below, I am revoking my consent to the donation of my organs, eyes and/or tissues and requesting removal from the NYS Donate Life Registry.

*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