



Department
of Health

Donate Life
Registry



New York State Donate Life Registry Change and Specification Form

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

I wish to: ☐ Update my identifying information ☐ Change the organs/tissues I consent to donate ☐ Change the purposes of my donation

**Indicates required field. Please type or print clearly in black or blue ink:*

IDENTIFYING INFORMATION

*Name: (First)

(MI)

*(Last)

_____/_____/____ (MM/DD/YYYY)

*Date of Birth

OR

NYS DMV Identification Number (9 Digit License/Permit/Non-Driver ID #)

IDNYC Number

CONTACT INFORMATION

We will confirm your modification to your registration by email, if provided, or U.S. mail

☐ If name is same as above ☐ Change to Address ☐ Change of Email Address

Name: (First)

(MI)

(Last)

Mailing Address

City

State

Zip Code

Email Address

Phone

SPECIFICATIONS

*I CONSENT TO THE DONATION OF

☐ All my organs, tissues and eyes; or

☐ Only the organs and tissues checked: **Organs:** ☐ Heart ☐ Kidneys ☐ Liver ☐ Lungs ☐ Intestines ☐ Pancreas

Tissues: ☐ Blood vessels ☐ Bone and Connective Tissue ☐ Corneas ☐ Eyes ☐ Skin

*I CONSENT TO DONATE MY ORGANS AND/OR TISSUE FOR THE PURPOSE(S) OF:

☐ Transplant and Research[◊]

☐ Transplant Only

☐ Research[◊] Only

◊Research: Every effort will be made to help save and heal the lives of patients in need of transplants through your gift of organ and tissue donation. If organs and/or tissues are not suitable for transplant, registrants consenting to research authorize their use for research or education that may lead to new treatments or cures.

SIGN AND DATE

By signing below, I am indicating my consent to make changes to my previously 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 at or near the time of my death and entities formally approved by the NYS Commissioner of Health.

*Signature

*Date

Complete, sign and date this form. Submit to NYS Donate Life Registry by email: registry@donatelife.ny.gov or U.S. Mail to:
New York State Donate Life Registry, 185 Jordan Road, Troy, New York 12180