



New York State Donate Life Registry Enrollment Form

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

Organ, eye, and tissue donors save and heal lives. By enrolling in the New York State Donate Life Registry, you consent to donate organs and tissues in the event of your death. If you are being considered as a donor at age 16 or 17, your parents or legal guardians are alerted to your registration and have the final say regarding whether your donation can proceed.

*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 registration by email, if provided, or U.S. mail

*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 and education that may lead to new treatments or cures.

SIGN AND DATE

By signing below, I am consenting 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 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