

Join the New York State Registry



New York State

*Saving Lives Through
Organ & Tissue Donation*



NYS Donate Life Organ and Tissue Donor Registry Enrollment Form

To register, please complete and mail to:

**New York State Organ and Tissue Donor Registry
Center for Donation and Transplant
218 Great Oaks Boulevard
Albany, NY 12203**

Please Print (* required)

Prefix: _____ (Dr., Fr., etc)

*First Name: _____

Middle Init: _____

*Last Name: _____

Suffix: _____ (Jr, Sr, II, etc)

*Address: _____

*City: _____ *State: _____ *Zip: _____

Phone: (_____) _____ - _____

*Date of Birth: ____/____/____ *Gender: ___Male ___Female

*Height: ____feet ____inches *Eye Color: _____

9- digit Motor Vehicle license or non-driver license DMV issued ID number: _____

* I offer the donation of:

- All Organs, Tissues and Eyes
- Limited Organs, Tissues and Eyes as specified below
Please CHECK the box of the organs and tissues that YOU WISH TO DONATE:
 - Bone and Connective Tissue
 - Liver/Iliac Vessels
 - Corneas
 - Lungs
 - Eyes
 - Pancreas (with Iliac Vessel)
 - Heart (For Valves)
 - Skin
 - Heart with Connective Tissue
 - Small Intestine
 - Kidneys
 - Veins

* I wish to donate the organs and or tissues specified above for:

- Transplantation and Research
- Research only
- Transplantation only

I wish to enroll in the New York State Donate Life Organ and Tissue Donor Registry maintained by the State Department of Health. 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 the State Department of Health to access this information as needed in administration of the registry, and to share this information at or near the time of my death with federally regulated organ procurement organizations, New York State licensed tissue and eye banks and entities formally approved by the Commissioner.

_____/_____/_____
Signature Date