



Enroll in the New York State Donate Life Registry by signing the organ donor consent certification on your driver license or non-driver ID card application or renewal form, or by filling out and sending in this enrollment form. You must be at least 18 years of age to enroll. If you enroll through a DMV transaction, "ORGAN DONOR" and a small heart will be printed on your DMV photo document.

Fill out, **sign** and mail this New York State Donate Life Registry form to:

New York Drives4Life
New York Alliance for Donation, Inc.
185 Jordan Rd, Ste 3
Troy, NY 12180-9904

Prefix _____ (Dr., Fr., etc.) * First Name _____ M.I. _____

* Last Name _____ Suffix (Jr., Sr., II, etc.) _____

* Address _____

* City _____ * State _____ * Zip _____

Phone (_____) _____ - _____ * Date of Birth ____/____/____

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

Your DMV-issued, 9-digit, client ID number from your driver license
 or non-driver ID card _____

* 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:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bone and Connective Tissue | <input type="checkbox"/> Heart with Connective Tissue | <input type="checkbox"/> Pancreas (with Iliac Vessel) |
| <input type="checkbox"/> Corneas | <input type="checkbox"/> Kidneys | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Liver/Iliac Vessels | <input type="checkbox"/> Small Intestine |
| <input type="checkbox"/> Heart (For Valves) | <input type="checkbox"/> Lungs | <input type="checkbox"/> Veins |

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

- Transplantation and Research Transplantation only Research 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.

Sign and Date  * Signature _____ * Date ____/____/____