



YES! I wish to donate my organs, eyes, and tissues to save or enhance lives through transplantation.

Becoming an organ, eye and tissue donor truly shares life with others. By putting your name on the Donate Life California Organ and Tissue Donor Registry you consent to having your organs and tissues made available for transplantation upon death. A document of gift, not revoked by the donor before death, is irreversible and does not require the consent of any other person. It also authorizes any examination necessary to ensure the medical acceptability of the anatomical gift. All information submitted will be used only for official Registry business and will be kept completely confidential. We will not share, sell or otherwise compromise this information.



www.donateLIFecalifornia.org
www.doneVIDAcalifornia.org

Please write clearly! Only readable forms can be included in the registry.

First Name: _____ Middle: _____ Last: _____

Gender: _____ M _____ F Date of Birth: _____ / _____ / _____

Place of Birth (City, State, Country): _____

Home Address: _____ Apt# _____

City: _____

State: _____ Zip Code: _____

Driver License/ID#: _____ - _____ - _____ - _____ - _____ State: _____

Phone: (_____) _____ - _____

Email: _____ @ _____

By signing this registration I affirm that I am the applicant described on this application and that the information entered herein is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Thank You!!! You only need to proceed below IF you wish to limit your donation.

I DO NOT GIVE CONSENT for the following organs and tissue to be donated: (check all that apply)

Organs:

_____ Heart
_____ Kidneys
_____ Liver
_____ Lungs
_____ Pancreas
_____ Pancreas islet cells
_____ Small intestine

Tissues:

_____ Bones
_____ Eyes/Corneas
_____ Heart valves
_____ Pericardium
_____ Skin grafts
_____ Vertebral bodies
_____ Soft tissue (including ligaments, tendons, blood vessels)

Other Limitations:

_____ My gift of skin may be used for life-saving and reconstructive purposes only.

_____ My gift of tissues may be donated only to non-profit organizations.

_____ My gift of tissues may be used in the United States only.

_____ My gift of organs and tissue may NOT be used for medical research.

* Research: Every possible effort will be made to help save the lives of individual recipients through your gift of organ and tissue donation. In the event that your organs and/or tissue are unable to be used for transplantation, they might be donated for education and research purposes, unless specifically excluded by checking the Limitations Research box.

Please mail this form to:

Donate Life California
3940 Industrial Blvd.
West Sacramento, CA 95691

Thank you! You will be added to the Donate Life California Registry. We will confirm your registration via email.

www.donateLIFecalifornia.org / www.doneVIDAcalifornia.org

866-797-2366 Phone / Fax

Event: _____

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