

NYS Donate Life Registry Enrollment Form

Please Print (*Required Information)

Prefix _____ (Mr., Mrs., Ms., Dr., Fr., etc.)

*First Name _____ Middle Initial _____

*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 driver license or non-driver identification (ID) number

*I offer the donation of:

- All Organs, Eyes and Tissues
- Limited Organs, Eyes and Tissues 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"/> Liver/Iliac Vessels |
| <input type="checkbox"/> Corneas | <input type="checkbox"/> Lungs |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Pancreas (with Iliac Vessel) |
| <input type="checkbox"/> Heart (for Valves) | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Heart with Connective Tissue | <input type="checkbox"/> Small Intestine |
| <input type="checkbox"/> Kidneys | <input type="checkbox"/> Veins |

*I wish to donate the organs, eyes 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, eyes and tissues (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

Mail to: New York State Department of Health
Donate Life Registry
875 Central Avenue
Albany, NY 12206

For More Information

Call an organ procurement organization listed below:

Albany Area

1-800-256-7811

Buffalo Area

1-800-227-4771

New York City Area

1-800-GIFT-4-NY

(1-800-443-8469)

Rochester/Syracuse Area

1-800-810-5494

OR

New York State Donate Life Registry

1-866-NYDONOR

(1-866-693-6667)

To register online, visit:

health.ny.gov/donatelife

Follow us on:
health.ny.gov
facebook.com/NYSDOH
twitter.com/HealthNYGov
youtube.com/NYSDOH



New York State

**Be an organ, eye and
tissue donor.**

**Enroll in the New York State
Donate Life Registry.**

Q. Why are organ, eye and tissue donations needed?

- A.** There is a severe shortage of organs for life-saving transplants. In addition to those New Yorkers awaiting organ transplants, thousands more benefit from tissue donation such as skin for burn victims or eye donations for sight-restoring cornea transplants. Without these surgeries, they will die or remain disabled. Transplants give people a chance to resume full, productive lives.

Q. Who can become a donor?

- A.** Anyone can decide to become a donor. A person's medical history or age does not automatically exclude him or her from being a donor. Do not rule yourself out. Medical professionals will determine your suitability for donation at the time of your death.

Q. How do I become an organ, eye and tissue donor?

- A.** Enroll online through the NYS Department of Health www.health.ny.gov/forms/organ_donation_enrollment_form.pdf; sign the donor box on your driver license or non-driver identification (ID) card application or renewal form at your local DMV office; or, complete the optional Organ Donation section of the Voter Registration form when registering to vote.

Q. What happens when I enroll in the New York State Donate Life Registry?

- A.** By enrolling in the Registry, you are giving legal consent for the recovery of your organs, eyes and tissues for the purposes of transplantation and research at the time of your death. Registry information is kept strictly confidential and can only be accessed by (a) Department of Health employees when required for the performance of their official duties, (b) federally regulated organ procurement organizations, (c) New York State licensed eye and tissue banks and (d) other entities formally approved by the Commissioner. Such access can only be for the purpose of identifying potential organ and tissue donors at or near the time of death.

Q. I am currently enrolled in the New York State Life Pass it On Registry – should I enroll in the New York State Donate Life Registry? What is the difference?

- A.** The Life Pass It on Registry was established in 1999 and records someone's intention to be an organ, eye and tissue donor. This is called an intent registry. If you are enrolled in this Registry, your next of kin's permission is required for donation upon your death.

In 2006, a new law created the New York State Donate Life Registry: a registry that records an individual's own legal consent to organ, eye and tissue donation upon their death. If you are registered in this new registry, your family will be informed of your decision and given information regarding the donation process, but their permission is not required to proceed with donation.

If you are enrolled in the Life Pass it On intent registry, your enrollment is not automatically included in the New York State Donate Life consent registry. To ensure that your decision to be an organ, eye and tissue donor is honored, you must enroll in the New York State Donate Life Registry.

Q. Is there any age restriction on joining the registry?

- A.** Yes. You must be at least 18 years of age to register.

Q. How can I make changes to my information or withdraw from the New York State Donate Life Registry?

- A.** If you need to make changes to your enrollment information or you decide you do not want to become an organ, eye and tissue donor and you want your name removed from the Registry, write to:

New York State Department of Health
Donate Life Registry
875 Central Avenue
Albany, NY 12206

Q. If I enroll in the New York State Donate Life Registry, will medical care be compromised?

- A.** No. Donation is only considered after all efforts to save the patient have failed and the patient has died. Saving the patient's life is the health care provider's first priority.

Q. What will happen to my donated organs, eyes and tissues?

- A.** When someone dies, the local organ procurement organization, tissue bank or eye bank matches those donor's organs, eyes and tissues, as specified in the registry, with people waiting for transplants. Patients who receive your organs will be identified based upon many factors, including blood type, severity of illness and other medical criteria. Factors, such as race, gender, age and income are not considered when determining who receives a transplant.

Q. Is there any cost to my estate or family for donating my organs, eyes and tissues?

- A.** No. There are no costs to your estate or family for you to be a donor.

Q. Can there still be a funeral service with open-casket viewing?

- A.** Donation generally does not affect the funeral arrangements or viewing. However, the funeral director may need additional time to prepare the body.

Q. What does my religion say about organ, eye and tissue donation?

- A.** Most religions approve of organ, eye and tissue donation and transplantation, and even encourage it. They believe it is the most significant gift one human being can give to another. If you have questions or concerns, you should discuss them with your religious or spiritual leader.