Organ Donor Registry Enrollment Form *Denotes required information (please print)

Team: Stony Brook Medicine

PERSONAL INFO	<u>RMATION</u>					
Prefix	_(Mr., Mrs., Dr	-, etc.)				
	neMiddle Initial					
					Suffix	(Jr., Sr., II, etc.)
*Address						
*City		* State	* Zip_		_ Phone (
*Date of Birth						
*HeightFe						
9-Digit Driver Lic	ense or Non-L	Oriver ID Nui	mber: (nc	t required)	
FORM OF DONAT	<u>ION</u>					
*I offer the donat	tion of:					
All Organs,	Tissues and Ey	/es				
Limited Org	jans, Tissues a	and Eyes as	s specified	d below		
(Please che	eck the box of	the organs	and tissu	es you wi	ish to donate) ;
☐Bone ar	nd Connective Ti	ISSUE]Liver, Iliac	: Vessels	
☐ Comeas ☐ Lungs						
☐ Eyes	\				s (with Iliac Ve	essel)
Heart (Fo		00110	_]Skin ISmall Inta	potino	
☐ Heart with Connective Tissue ☐ Small In☐ Kidneys ☐ Veins				_	3511118	
			_			
USE OF DONAT		11	יר ו ו	۲		
*I wish to donate th	ne organs and/or	tissues spec	offed above	etor:		
□Transplanta	Transplantation and Research		Trans	plantation	Only	Research Only
SIGN & DATE						
_	the New York	State Dona	ate Life O	rgan and	Tissue Dono	or Registry maintained
				_		egistry I am giving legal
					_	ove) in the event of
my death. I auth	orize the State	Departmer	nt of Heal	th to acce	ess this infon	mation as needed in
administration of	the registry, ar	nd to share	this infor	mation at	or near the t	time of my death with
federally regulate	ed organ procu	irement org	anizations	s, New Yo	ork State lice	nsed tissue and eye
banks and entitie	es formally app	proved by th	ne Comm	issioner.		
			/	/		
*Signature		 *Date	/	./		
An incomplete form, is					unt. Fill out all *re	equired information!
- ,			- 3			-