



DonateLifeVirginia.org - Registration Form

Sign me up as an organ, eye and tissue donor!

If you would like to be an organ, eye and tissue donor, fill out the form below or sign up online at www.DonateLifeVirginia.org. All information submitted will be kept completely confidential and will only be accessed by transplant professionals at the appropriate time. We will not share, sell, or otherwise compromise this information. If you are 13 to 18 years old you can register, but your parents will make the final decision about organ, eye and tissue donation at the appropriate time.

Personal Information-PLEASE PRINT CLEARLY (*required fields)

First Name: * _____ Middle Name: _____ Last Name: * _____

Date of Birth (mm/dd/yyyy): ___/___/___ * Gender*: Male Female

Address: * _____

City: * _____ State: VA Zip: * _____

Only Virginia residents can register here.

Phone number: () _____ * (required only if you do not submit an email address.)

Email: _____ (while not required, if you do not submit an email address you will not get confirmation of your registration.)

Mother's Maiden Name: * _____

Place of Birth(City/State): * _____

Last 4 digits of Social Security Number: * _____ OR Drivers License/State ID#: * _____

How did you learn about DonateLifeVirginia.org (name of event/place and city)? _____

___YES! I wish to join DonateLifeVirginia.org and designate myself as an organ, eye and tissue donor. By submitting this registration form, I affirm that I am the applicant described above and that the information entered herein is true and correct to the best of my knowledge. This registration will serve as a document of gift as outlined in the Code of Virginia, which grants permission for my gift to be used for transplantation, medical research, education and therapy. I also authorize the necessary testing for determining the medical suitability of the organs. I understand, in accordance with the Code of Virginia, that "no family member, guardian, or person responsible for the decedent's estate shall refuse to honor the donor designation or, in any way, seek to avoid honoring the donor designation." I give permission for any of my information listed above to be entered in DonateLifeVirginia.org on my behalf.

Signature* _____ Date * _____

Please mail form to: Donate Life Virginia
9200 Arboretum Parkway, Suite 104
Richmond, VA 23236