

DONOR REGISTRY ENROLLMENT FORM (OPTIONAL)

(name of donor)

INSTRUCTIONS:

If you have not already registered as a donor with the Ohio Bureau of Motor Vehicles when renewing a license or State ID, the "Ohio Donor Registry Enrollment Form" must be filed with the Ohio Bureau of Motor Vehicles to ensure that your wishes concerning organ and tissue donation will be honored. This document will serve as your consent to recover the organs and/or tissues indicated at the time of your death, if medically possible. In completing this form, your wishes will be recorded in the Ohio Donor Registry and will be accessible only to the appropriate organ, tissue or eye recovery organizations. Be sure to share your wishes in this area with loved ones and friends so they are aware of your intentions. The form can also be used to amend or revoke your wishes for donation.

To register for the Ohio Donor Registry, please complete this form, detach and send the original to:

Ohio Bureau of Motor Vehicles
ATTN: Record Clearance Unit
P.O. Box 16583
Columbus, Ohio 43216-6583

Make a copy of this form and retain it with other important documents such as a Living Will Declaration or Healthcare Power of Attorney. Keep these forms accessible in case of emergencies.

[This form should be used to state your intentions to be included in or removed from the Ohio Bureau of Motor Vehicles Donor Registry.]

Print or Type Full Name of Donor _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (____) _____ Date of Birth _____

Driver's License or ID Card Number _____

Social Security Number (optional) _____



Please select one of the following three options.

Option 1:

- Upon my death, I make an anatomical gift of my organs, tissues, and eyes for any purpose authorized by law.

Option 2:

- Upon my death, I make an anatomical gift of the following specified organ, tissues, or eyes:
- ALL ORGANS, TISSUES AND EYES

ORGANS:

- HEART
- LUNGS
- LIVER
- KIDNEYS
- PANCREAS
- INTESTINE/SMALL BOWEL

TISSUES:

- EYES/CORNEAS LIGAMENTS
- HEART VALVES VESSELS
- BONE FASCIA
- TENDONS SKIN

For the following purposes authorized by law:

- ALL PURPOSES
- TRANSPLANTATION
- THERAPY
- RESEARCH
- EDUCATION

Option 3:

- Please take me out of the Organ Donor Registry.**

Signature of Donor Registrant

Date Signed