



DonateLifeVirginia.org

Registration Form



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

Organ, eye and tissue donation can save 9 lives, restore sight to two people and help many others. Almost anyone can be a donor at the time of their death, regardless of age or medical condition.

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: _____ *

Address 2: _____

City: _____ * State: VA Zip: _____ *

Only Virginia residents can register here. If you live in another state, please go to www.DonateLifeAmerica.net and click on your state of residence to learn how to register there.

Phone number: (____) _____ - _____ * (required only if you do not submit an email address. It will be used only if there is a problem with your registration.)

Email: _____ (while not required, if you do not submit an email address you will not get confirmation of your registration. If you do not have an e-mail address please make a copy of this form for your records. To sign on in the future, you will need your driver's license number or the last four digits of your social security number.)

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
 Attn: Community Education Specialists, LifeNet Health
 1948 Franklin Road, S.W., Suite A-100
 Roanoke, Virginia 24014

If you have any questions, please call 1.866.VADonor