

Donor Registration Form



YES! I want to be an organ, eye and tissue donor.

First Name: _____ Middle: _____ Last Name: _____

Home Address, Apt#: _____

City/State/Zip Code: _____

Date of Birth: _____ City and State/Place of Birth: _____

Email address: _____ Phone: _____

Driver License/ID Card Number:

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Male

Female

Signature: _____ Date: _____

By putting your name on the Donate Life California Organ and Tissue Donor Registry, you consent to having your organs, eye and tissue made available for transplantation upon death. A document of gift may not be revoked by any person other than the donor and does not require the consent of any other person. Minors are able to join the Registry, but their parents may overrule their decision until they turn 18 years old. All information submitted will be used only for official Registry business and will be kept completely confidential. We will not sell or use your information for marketing purposes. Please return to Donate Life California, 3465 Camino del Rio South, Ste. 410, San Diego, CA 92108 or fax to 866.797.2366. *To specify any limitations on your organ and tissue donation, please go to www.donateLIFecalifornia.org.

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