

Organ & Tissue Donor Registry Enrollment Form

Before filling out this form, check your driver's license or ID card. If there is a "♥" or the word "donor" on the front, you are already enrolled in the Organ & Tissue Donor Registry and there is no need to submit this form unless your information has changed.

Yes, I want to be an organ and tissue donor. By signing my name below I am confirming my desire to have my name entered into the Donor Registry.

I already have a "♥" or the word "donor" on the front of my driver's license and would like to update my record.

Please print the following information:

Full Name: _____
[FIRST MIDDLE LAST]

Mailing Address: _____
[STREET OR POST OFFICE BOX]

[CITY STATE ZIP]

Phone: () _____

Date of Birth (required): _____

Driver's License or State ID Number (required): _____

*Joining the Donor Registry means you have elected to save lives by donating your organs and tissues at the time of your death. If there are specific organs and tissues you do **not** wish to donate, write them here (single restrictions; no narrative):*

State law prohibits Registry information from being sold or shared with any company or government agency. Organs are distributed according to national regulations.

Signature Date

Parent/Guardian Signature Date
[IF ENROLLEE IS UNDER 18 YEARS OF AGE]

Colorado and Wyoming state statutes **require** your signature to verify your desire to have your name entered into the Donor Registry.

MAIL TO:

Colorado & Wyoming Donor Registry
c/o Donor Alliance
720 South Colorado Blvd.
Suite 800-N
Denver, CO 80246

[Donor Alliance]
