

# DONOR REGISTRATION FORM

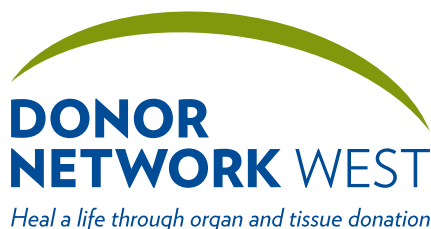
Nevada: Pursuant to NRS 451.500et seq.

Please fill out the form below to register as an organ and tissue donor. By registering as a donor, you consent to donate your organs and tissues at the time of your death. Organs and tissues will be recovered for the purpose of transplantation. However, in the event a donated organ or tissue cannot be used for transplant, an effort will be made to use the donation for research.



First Name:	Last Name:	Middle Name:
Address:		
City:	State:	Zip Code:
Gender: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (MM/DD/YYYY):	
E-mail Address (for confirmation of your donor registration):		
Last four digits of your Social Security Number (for ID verification purpose ONLY):		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<b>Limitations</b> - If there are specific organs and tissues you do <b>NOT</b> wish to donate, then list them here. Also indicate here if you do <b>NOT</b> wish your donation to be used for research:		
How did you here about the Nevada Donor Registry?		

To become a registered donor online, please visit our website: [www.DonorNetworkWest.org](http://www.DonorNetworkWest.org)



## RETURN FORM TO:

**Northern Nevada Headquarters**  
Donor Network West  
5440 Reno Corporate Drive  
Reno, NV 89511

**Phone:** 775.825.7700  
**Fax:** 775.825.7703

Donor Signature:	Date:
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