



**YES!** I wish to donate my organs, eyes, and tissues to save or enhance lives through transplantation.



Becoming an organ, eye and tissue donor truly shares life with others. By putting your name on the Donate Life California Organ and Tissue Donor Registry you consent to having your organs and tissues made available for transplantation upon death. A document of gift, not revoked by the donor before death, is irreversible and does not require the consent of any other person. It also authorizes any examination necessary to ensure the medical acceptability of the anatomical gift. All information submitted will be used only for official Registry business and will be kept completely confidential. We will not share, sell or otherwise compromise this information.

[www.donateLIFecalifornia.org](http://www.donateLIFecalifornia.org)  
[www.doneVIDAcalifornia.org](http://www.doneVIDAcalifornia.org)

**Please write clearly!** Only readable forms can be included in the registry.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last \_\_\_\_\_

Gender: \_\_\_\_\_M \_\_\_\_\_F Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Place of Birth (City, State, Country): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Drivers License/ID#: \_\_\_\_\_ State: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Help us save postage!** Please provide your email address: \_\_\_\_\_

By signing this registration I affirm that I am the applicant described on this application and that the information entered herein is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You!!!** Only proceed below IF you wish to limit your donation.

**I DO NOT GIVE CONSENT** for the following organs and tissue to be donated: (check all that apply)

**Organs:**

- \_\_\_\_\_ Heart
- \_\_\_\_\_ Kidneys
- \_\_\_\_\_ Liver
- \_\_\_\_\_ Lungs
- \_\_\_\_\_ Pancreas
- \_\_\_\_\_ Pancreas islet cells
- \_\_\_\_\_ Small intestine

**Tissues:**

- \_\_\_\_\_ Bones
- \_\_\_\_\_ Eyes/Corneas
- \_\_\_\_\_ Heart valves
- \_\_\_\_\_ Pericardium
- \_\_\_\_\_ Skin grafts
- \_\_\_\_\_ Vertebral bodies
- \_\_\_\_\_ Soft tissue (including ligaments, tendons, blood vessels)

**Other Limitations:**

_____	My gift of skin may be used for life-saving and reconstructive purposes only.
_____	My gift of tissues may be donated only to non-profit organizations.
_____	My gift of tissues may be used in the United States only.
_____	My gift of organs and tissue may NOT be used for medical research.

\* Research: Every possible effort will be made to help save the lives of individual recipients through your gift of organ and tissue donation. In the event that your organs and/or tissue are unable to be used for transplantation, they might be donated for education and research purposes, unless specifically excluded by checking the Limitations Research box.

Please mail this form to: Donor Network West  
 12667 Alcosta Blvd, Ste 500  
 San Ramon, CA 94583

**Thank you!** You will be added to the Donate Life California Registry. We will confirm your registration via U.S. Mail.  
[www.donateLIFecalifornia.org](http://www.donateLIFecalifornia.org) / [www.doneVIDAcalifornia.org](http://www.doneVIDAcalifornia.org) 866-797-2366 Phone / 916-567-8300 Fax