

# Organ & Tissue Donor Registry Enrollment Form

Joining the Donor Registry means you have elected to save lives by donating your organs and tissues at the time of your death.

Before filling out this form, check your driver's license or ID card. If there is a "♥" or "♥♥" 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 "♥♥" on the front of my driver's license and would like to update my record.

**Please print the following information:**  Male  
 Female

Full Name: \_\_\_\_\_  
[FIRST MIDDLE LAST]

Residential Address: \_\_\_\_\_  
[STREET ]

\_\_\_\_\_  
[CITY STATE ZIP]

Phone: (        ) \_\_\_\_\_

Email (required): \_\_\_\_\_

Date of Birth (required): \_\_\_\_\_

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

*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. Your registry status is only accessed at the time of death by those agencies directly involved in the organ, eye and tissue donation process as outlined by state law.*

\_\_\_\_\_  
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]  
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