



## DONOR REGISTRY ENROLLMENT FORM

To register, please complete and mail this enrollment form to:

Ohio Bureau of Motor Vehicles  
Attn: Record Clearance Unit  
P.O. Box 16784  
Columbus, Ohio 43216-6784

- Yes, I want to join the Donor Registry!**
- Please take me out of the Donor Registry.**

ANATOMICAL GIFT OF (Print or type name of living donor)

In the hope that I may help others upon my death, I hereby give the following body parts:  
(Specify all organs/tissues to be donated, or indicate "all")


for any purpose authorized by law: transplantation, therapy, research, education, or advancement of medical or dental science.

(Please mark a line through any purpose(s) that are not acceptable to you)

Signed by the donor and the following two witnesses in the presence of each other:

SIGNATURE OF DONOR <b>X</b>		DATE SIGNED
DATE OF BIRTH OF DONOR	SOCIAL SECURITY NUMBER	DRIVER LICENSE OR ID NUMBER

WITNESS <b>X</b>
WITNESS <b>X</b>

***This is a legal document under the Uniform Anatomical Gift Act or similar Laws.***