



Donate Life Minnesota

Organ and Tissue Donor Registry

Please remove my information from Donate Life Minnesota.

Please complete the following information so that we may remove your information from Donate Life Minnesota.

Title _____
First Name _____
Middle Name _____
Last Name _____
Phone Number _____
Birth Date _____
Driver's License or State ID# _____
Driver's License State _____
Address _____
Address 2 _____
City, State, Postal Code _____

I understand that although I am removing my name from Donate Life Minnesota, I will also have to remove 'donor' from my driver's license if I currently have it marked. I will contact the State of Minnesota to remove my donor designation from my driver's license, if applicable.

I also understand that while I may no longer have donor designation marked on my license or in the registry, at the time of my death my family may still be approached by a donation coordinator to see if they would like to make the decision to donate on my behalf.

Signature

Date

Please return the completed form to:

LifeSource
Attn: Donor Registry
2550 University Avenue West
Suite 315 South
St. Paul, MN 55114