

Donate Life Minnesota

Organ and Tissue Donor Registry

YES! I want to help save lives through organ and tissue donation. Minnesota residents can use this form to register as an organ, eye and tissue donor. Information entered will be used only for verifying your donation decision. If you support donation, please register. Almost anyone can be a donor, regardless of age or pre-existing medical condition.

First Name _____

Last Name _____

Birth Date _____

Phone _____

Email _____

Minnesota Driver's License
or State ID number _____

Address 1 _____

Address 2 _____

City, State, Zip _____

Once we receive your registration form you will be sent a **welcome packet** that includes postcards you may share with your family and friends to inform them of your generous decision to save lives through donation. Remember, it's always important to share your wishes with your loved ones.

If you have any questions, please contact LifeSource at 888.5.DONATE or visit www.DonateLifeMN.org.

NOTE: All form fields, with the exception of the optional fields at the bottom of this page, MUST be filled out in order to activate your registration.

By submitting the 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. This registration will serve as donor document of gift as outlined in the Minnesota Uniform Anatomical Gift Act. A document of gift, not revoked by the donor before death, is legal authorization for donation and does not require the consent of another person. If I am under 18 years of age, I understand that my parents or legal guardian must affirm my decision at the time of donation.

- I wish to donate my organs, tissues, and eyes to save or heal someone's life through transplantation.
- I have read and accepted the Terms and Conditions above.

Signature _____ Date _____

OPTIONAL INFORMATION

Did information from any of these areas influence your decision to register? (Select all that apply)

<input type="checkbox"/> School	<input type="checkbox"/> Driver License Office	<input type="checkbox"/> Work
<input type="checkbox"/> Media	<input type="checkbox"/> Family/Friends	<input type="checkbox"/> Clinic/Pharmacy
<input type="checkbox"/> Religious Organization		

Ethnicity origin (or Race)

<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Native American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> White

Please return the completed form to: LifeSource

Attn: Donor Registry
2225 West River Road North
Minneapolis, MN 55411

LifeSource
ORGAN AND TISSUE DONATION

