

Donate Life Minnesota

Organ, Eye and Tissue Donor Registry

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

First Name _____

Last Name _____

Birth Date _____

Phone _____

Email _____

Last 4 digits of _____

Social Security number _____

Address 1 _____

Address 2 _____

City, State, Zip _____

Remember to share your decision with your loved ones! It's important that they know your choices.

Please contact LifeSource with any questions at 1.888.5.DONATE or donorregistry@life-source.org. Visit DonateLifeMN.org for facts, stories and inspiration.

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"/> American Indian	<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

