



**TENNESSEE RESIDENTS
ORGAN & TISSUE DONOR REGISTRY FORM**

SIGN ME UP TODAY! YES! I want to be an organ and tissue donor.

All information submitted will be used only for official Registry business and will be kept completely confidential.

Personal Information—PLEASE PRINT CLEARLY (*required fields)

*First Name _____ *Middle Initial _____ *Last Name _____
*Date of Birth (mm/dd/yyyy) _____ *Gender _____ *Mother’s Maiden Name _____
*Address _____
*City _____ *State _____ *Zip Code _____ *County _____
Phone _____ Email Address _____
*Driver’s License or State ID# _____ Ethnicity: _____ *Place of Birth (City, State) _____

Yes! I wish to join the Donate Life Tennessee Organ & Tissue Donor Registry and designate myself as an organ and tissue donor. By submitting this 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 a document of gift as outlined in the Tennessee Uniform Anatomical Gift Act.

Specific Donations: If you would like to specify only certain organs and tissues you would like to donate or place other restrictions on your gifts, please register online at www.tndonorregistry.org

I give permission for my information, changes, or deletion to be entered into the Donate Life Tennessee Organ & Tissue Donor Registry on my behalf.

Signature _____ **Date** _____

Parent Signature _____ Printed Name _____ Date _____
(if under 18)

Please mail form to:
Donate Life Tennessee
110 KLM Drive, Suite 2
Gray, TN 37615
1-877-552-5050

Thank you for giving the Gift of Life!