

# save7lives.org

## VIRGINIA'S ORGAN, TISSUE & EYE DONOR REGISTRY

### Sign me up as an organ and tissue donor!

Organ, tissue, and eye donation can save 7 lives, restore sight to two people and help many others. Almost anyone can be a donor at the time of their death, regardless of age or medical condition. If you'd like to be an organ, tissue, and eye donor, fill out the form below. All information submitted will be kept completely confidential and will only be accessed by transplant professionals at the appropriate time. We will not share, sell, or otherwise compromise this information.

### Personal Information- PLEASE PRINT CLEARLY (\*required fields)

First Name \_\_\_\_\_ \* Middle Initial \_\_\_\_\_ \* Last Name \_\_\_\_\_ \*

Gender \_\_\_ Male \_\_\_ Female\* Date of Birth (mm/dd/yyyy) \_\_\_\_\_ \*

Address \_\_\_\_\_ \* City \_\_\_\_\_ \*

State VA \* (**save7lives.org is only for VA residents**) Zip \_\_\_\_\_ \*

Driver's license number: \_\_\_\_\_ \* Phone Number: \_\_\_\_\_ \*

How did you learn about save7lives.org? \_\_\_\_\_ \*

### Future Updates

If you wish to update your information at a later date at save7lives.org you will need to provide your e-mail address and create a password at this time:

E-mail: \_\_\_\_\_

(Your e-mail address will only be used for a notification e-mail acknowledging that you have been added to save7lives.org.)

Password: \_\_\_\_\_

Password confirmation: \_\_\_\_\_

If you do not have an e-mail address please make a copy of this form for your records.

### CHECK **ONLY ONE** BOX BELOW:

**YES! I wish to join save7lives.org and designate myself as an organ, tissue, and eye donor.** By submitting this registration I affirm that I am the applicant described above 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 Code of Virginia, which grants permission for my gift to be used for transplantation, medical therapy, medical research and education. I also authorize the necessary testing for determining the medical suitability of the organs. I understand, in accordance with the Code of Virginia, that "no family member, guardian, or person responsible for the decedent's estate shall refuse to honor the donor designation or, in any way, seek to avoid honoring the donor designation."

**OR Please update my profile with the information provided above.**

**OR Please delete my record from save7lives.org.**

I give permission for my information, changes, or deletion to be entered into save7lives.org on my behalf.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail form to: Mountain Region Donor Services  
110 KLM Drive, Suite 2  
Gray, TN 37615

**If you have any questions, please call 1.888.562.3774**



*Virginia*