To register, please complete and mail this enrollment form to:
Ohio Bureau of Motor Vehicles
Attn: Records Request
P.O. BOX 16583
Columbus, OH 43216-6583

**DONOR REGISTRY ENROLLMENT**

<table>
<thead>
<tr>
<th>PLEASE PRINT</th>
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<tbody>
<tr>
<td>LAST NAME</td>
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<tr>
<td>Mailing Address</td>
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<tr>
<td>CITY</td>
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<td>PHONE</td>
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**DONOR REGISTRY ENROLLMENT OPTIONS**

**OPTION 1**
- □ Upon my death, I make an anatomical gift of my organs, tissues and eyes for any purpose authorized by law.

**OPTION 2**
- □ Upon my death, I make an anatomical gift of the following organs, tissues, and/or eyes selected below:
  - □ ALL ORGANS, TISSUES AND EYES
  - □ HEART
  - □ LUNGS
  - □ LIVER (AND ASSOCIATED VESSELS)
  - □ KIDNEYS (AND ASSOCIATED VESSELS)
  - □ PANCREAS/ISLET CELLS
  - □ INTESTINES
  - □ SMALL BOWEL
  - □ VEINS
  - □ EYES/CORNEAS
  - □ HEART VALVES
  - □ FASCIA
  - □ BONE
  - □ SKIN
  - □ TENDONS
  - □ NERVES
  - □ LIGAMENTS

For The Following Purposes Authorized By Law:
- □ ALL PURPOSES
- □ TRANSPANTATION
- □ THERAPY
- □ RESEARCH
- □ EDUCATION

**OPTION 3**
- □ Please take me out of the Ohio Donor Registry.

**SIGNATURE OF DONOR REGISTRANT**
X

**DATE**