



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

DONOR REGISTRY ENROLLMENT

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

PLEASE PRINT

LAST NAME		FIRST	MIDDLE
MAILING ADDRESS			
CITY		STATE	ZIP
PHONE () -	DATE OF BIRTH / /	STATE OF OHIO DL/ID CARD OR SSN	

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

ORGANS

- HEART
- LUNGS
- LIVER (AND ASSOCIATED VESSELS)
- KIDNEYS (AND ASSOCIATED VESSELS)
- PANCREAS/ISLET CELLS

TISSUES

- EYES/CORNEAS
- HEART VALVES
- BONE
- TENDONS
- LIGAMENTS
- VEINS
- FASCIA
- SKIN
- NERVES

For The Following Purposes Authorized By Law:

- ALL PURPOSES
- TRANSPLANTATION
- THERAPY
- RESEARCH
- EDUCATION

OPTION 3

Please take me out of the Ohio Donor Registry.

SIGNATURE OF DONOR REGISTRANT X	DATE
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