Organ and Tissue Donations

More than 10,000 New Yorkers are on waiting lists as the need for organ donations far exceeds the supply. One person who donates organs (hearts, lungs, liver, kidneys, pancreas and intestines) can save up to eight lives, while a tissue donor (corneas, bone, skin, heart valves, tendons, veins, etc.) can improve 12 or more lives by restoring eyesight, helping fight infections in burn patients and preventing the loss of mobility and disability.

By enrolling in the Donate Life Registry, you are giving legal consent for the recovery of your organs, tissues and eyes for the purposes of transplantation and research at the time of your death.

There are a variety of ways to enroll in the New York State Donate Life Registry:

Enroll on-line through the NYS Departments of Motor Vehicles (DMV) and Health (DOH)

If you have a driver license or non-driver identification card, you can create a MyDMV account at the DMV web site which will allow you to enroll electronically in the Donate Life Registry. Please note that enrolling through this method will NOT result in a new driver license or non-driver identification card with a red heart symbol and the words ORGAN DONOR.

- Go to the myDMV page

Complete the online enrollment form on the DOH web site. Once you've filled out the form online, print, sign and mail it to the address indicated.

- Enroll in the NYS Donate Life Registry

Enroll by Mailing a printable paper form

Download the printable Donate Life Registration Enrollment Form and mail it to the NYS Department of Health for enrollment.

- Printable NYS Donate life Registry Enrollment Form (PDF, 46KB, 1pg.)

Enroll at DMV

Sign the organ donor consent certification on the forms used to apply or renew a driver license or non-driver identification card. When you enroll through this method, a symbol of a red heart and the words "Organ Donor" will be printed on the front of your driver license or non-driver identification card at no extra cost.

Enroll at the Board of Elections

When registering at the Board of Elections, complete and sign page 3 "Register to donate your organs and tissues" of the voter registration form. That page of the form will be forwarded to the NYS Department of Health for enrollment in the Donate Life Registry.

For more information, call an organ procurement organization or the New York State Organ and Tissue Donor Registry at 1-866-NYDONOR (1-866-693-6667).

Source: http://www.health.ny.gov/professionals/patients/donation/organ
Questions and comments: DonorReg@health.state.ny.us

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

NYS Donate Life Organ and Tissue Donor Registry Enrollment Form

Please Print (* required)

Prefix: _____ (Dr., Fr., etc)

*First Name: _____

Middle Init: _____

*Last Name: _____

Suffix: _____ (Jr, Sr, II, etc)

*Address: _____

_____

*City: _____ *State: _____ *Zip: _____

Phone: (_____) _____ - _____

*Date of Birth: ____/____/____ *Gender: _____Male_____Female

*Height: _____feet_____inches *Eye Color: _____

9- digit Motor Vehicle license or
non-driver license DMV issued ID number: _____

* I offer the donation of:

- ❑ All Organs, Tissues and Eyes
- ❑ Limited Organs, Tissues and Eyes as specified below

  Please CHECK the box of the organs and tissues that YOU WISH TO DONATE:

  - ❑ Bone and Connective Tissue
  - ❑ Corneas
  - ❑ Eyes
  - ❑ Heart (For Valves)
  - ❑ Heart with Connective Tissue
  - ❑ Kidneys
  - ❑ Liver/Iliac Vessels
  - ❑ Lungs
  - ❑ Pancreas (with Iliac Vessel)
  - ❑ Skin
  - ❑ Small Intestine
  - ❑ Veins

* I wish to donate the organs and or tissues specified above for:

- ❑ Transplantation and Research
- ❑ Transplantation only
- ❑ Research only

I wish to enroll in the New York State Donate Life Organ and Tissue Donor Registry maintained by the State Department of Health. I understand that by enrolling in the registry I am giving legal consent to the donation of my organs tissues and eyes (as specified above) in the event of my death. I authorize the State Department of Health to access this information as needed in administration of the registry, and to share this information at or near the time of my death with federally regulated organ procurement organizations, New York State licensed tissue and eye banks and entities formally approved by the Commissioner.

_____ ____/____/____
Signature Date

Mail to: **New York State Donate Life Organ and Tissue Donor Registry**
New York State Department of Health
433 River Street
Hedley Park Place, Suite 303, 6th Floor
Troy, NY 12180