



The Virginia Donor Registry Registration Form

If you would like to be an organ, eye, and tissue donor, fill out the form below and return to Donate Life Virginia. You can also sign up online at www.DonateLifeVirginia.org. 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. If you are 13 to 18 years old you can register, but your parents will make the final decision about organ, eye, and tissue donation at the appropriate time. You must be a Virginia resident to join the state's registry.

Please print clearly. (*required fields)

*First Name: _____ Middle Name: _____ *Last Name: _____

*Date of Birth (mm/dd/yyyy): ___/___/___

*Gender: Male Female

*Address: _____

*City: _____ State: VA *Zip: _____

Phone Number: _____

Email Address: _____

*Driver's License/ID Number: _____ OR *Last four digits of Social Security Number: _____

By submitting this registration, I affirm that I am the individual described on this application and that the information I have entered is true and correct to the best of my knowledge. This registration records my decision to be a donor and will serve as a document of gift. A document of gift, not revoked by the donor before death, cannot be revoked by any other person, and does not require the consent of any other person to be effective. It also authorizes any examination (of person and medical records) necessary to ensure the medical acceptability of the anatomical gift.

*Signature _____ *Date _____

Please mail form to:
Donate Life Virginia
9200 Arboretum Parkway, Suite 104
North Chesterfield, VA 23236