Donor Registration Form

To register as a donor, please complete this form and submit by mail or fax to **Donate Life Texas**.

If you have any questions, contact: **(800) 633-6562**

mail:
Donate Life Texas
5489 Blair Road
Dallas, TX 75231

fax:
(713) 349-2588 or
(210) 614-2129

NAME (please print)

First Name	M.I.	Last Name

GENDER

Male	☐
Female	☐

BIRTH DETAILS

Place of Birth (city, state, country)	Date of Birth (month/day/year)

CONTACT INFORMATION (please print)

Address Line 1 (street address, p.o. box, c/o)

Address Line 2 (apartment, suite, unit, building, floor, etc.)

City	State	Zip

Phone	Email

ETHNICITY (optional)

Alaska Native / Native American	☐
Asian	☐
Black / African American	☐
Hispanic / Latino	☐
Native Hawaiian / Other Pacific Islander	☐
White / Caucasian	☐

IDENTIFICATION (please provide one)

Last 4 digits of SSN		Texas ID Card No.	
Texas Driver's License No.		Mother's Maiden Name	

WHAT YOU ARE DONATING (select one)

All organs and tissues	☐
Specific organs and tissues	☐

WHAT YOU ARE DONATING FOR (select one)

Transplantation, research, or education purposes	☐
Transplantation only	☐

*If you selected to donate **specific organs and tissues**, please indicate below what you would be willing to donate:*

ORGAN(S) (optional)

Heart	☐	Kidneys	☐
Lungs	☐	Pancreas	☐
Liver	☐	Small Intestine	☐

TISSUE(S) (optional)

Heart Valves, Vessels, Pericardium	☐	Bones	☐
Arteries	☐	Skin	☐
Veins	☐	Soft Tissues	☐

EYE(S) (optional)

Eyes	☐
Corneas	☐

AUTHORIZATION

Signature	Date (month/day/year)