



## Glenda Dawson Donate Life - Texas Registry

Give the gift of life by registering to become an organ, tissue, and eye donor.

**\* = Required Information. Please print clearly and complete fully.**

<b>Name:*</b> _____ First name      Middle Initial      Last Name			<b>Date of Birth:*</b> ____/____/____ (MM) (DD) (YYYY)	
<b>Mailing Address: *</b>			<b>Gender:*</b> M or F (Please Circle)	
<b>City, State, ZIP: *</b>			<b>Are you Hispanic or Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Please tell us your race (Choose <u>one</u> best answer from the list):</b>	
<b>Fill in one below: *</b> <b>Texas Driver License or Personal ID Number:</b> _____ <b>or</b> <b>Last four digits of Social Security Number:</b> _____ <b>or</b> <b>Mother's Maiden Name:</b> _____			<input type="checkbox"/> Alaska Native or Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	

### Organ and Tissue Designations

<b>I Consent to Donate: *</b>				
<input type="checkbox"/> <b>All Organs and Tissues</b> (If you check "All Organs and Tissues," do not check any boxes below.)				
<input type="checkbox"/> Kidneys	<input type="checkbox"/> Lymph Nodes	<input type="checkbox"/> Arteries	<input type="checkbox"/> Heart Valves, Vessels, Pericardium	
<input type="checkbox"/> Heart	<input type="checkbox"/> Small Intestine	<input type="checkbox"/> Veins	<input type="checkbox"/> Skin	
<input type="checkbox"/> Liver	<input type="checkbox"/> Eyes	<input type="checkbox"/> Bones	<input type="checkbox"/> Pancreas	
<input type="checkbox"/> Lung	<input type="checkbox"/> Corneas	<input type="checkbox"/> Soft Tissues		

### Signature and Date \*

X \_\_\_\_\_ Date \_\_\_\_\_

Donor signature is required. If the donor is under 18, a parent or guardian must sign on behalf of the donor.

### Please Send Your Completed Form

By mail to:

**Processing Center  
Glenda Dawson Donate Life - Texas Registry  
30 Lanidex Plaza West  
P. O. Box 685  
Parsippany, NJ 07054**

Or, by fax to:

**1-866-546-6653**

**The information you provide is secure and used only for registration purposes.**