



**Glenda Dawson Donate Life - Texas Registry**  
 Give the gift of life by registering to become an organ, tissue, and eye donor.  
 This form may also be used to revoke an existing donor registration  
 \* = 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) Persons under the age of 16 must be emancipated or have parental consent to register. If you are under the age of 16 please choose one of the following: <input type="checkbox"/> I am an emancipated adult <input type="checkbox"/> I have my parents' permission <input type="checkbox"/> I do not have my parents' permission
<b>Mailing Address:*</b> _____	<b>Gender:*</b> M    or    F      (Please Circle)  <b>Are you Hispanic or Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>City, State, ZIP:*</b> _____	<b>Fill in one below:*</b> Texas Driver License or Personal ID Number (must be 8 digits): _____ or Last <u>four</u> digits of Social Security Number: _____ or Mother's Maiden Name: _____
<b>Please tell us your race (choose one best answer from the list):</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**

**I Consent to Donate:\***

All Organs and Tissues (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.

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