Donor Registration Form

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

If you have any questions, contact: **(214) 443-3318 or email: executivedirector@donatelifetexas.org**

mail:

Donate Life Texas

c/o Texas Organ Sharing Alliance
5051 Hamilton Wolfe Dr.
San Antonio, TX 78229

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)