

# State of Ohio

## Donor Registry Enrollment Form

For: \_\_\_\_\_

Issued as a Public Service  
by

Franklin County Probate Court  
373 South High Street  
22nd Floor  
Columbus, Ohio 43215-6311

# DONOR REGISTRY ENROLLMENT FORM (OPTIONAL)

(name of donor)

**INSTRUCTIONS:** In addition to completing the references to Anatomical Gifts in your Living Will and Ohio Health Care Power of Attorney you should also complete and file the “Donor Registry Enrollment Form” with the Ohio Bureau of Motor Vehicles to ensure that your wishes concerning organ and tissue donation will be honored. This document will serve as your consent to recover the organ and/or tissues indicated at the time of your death, if medically possible. In completing this form, your wishes will be recorded in the Ohio Donor Registry and will be accessible only to the appropriate organ, tissue or eye recovery organizations. Be sure to share your wishes in this area with loved ones and friends so they are aware of your intentions.

To register for the Donor Registry, please complete this form, detach and send the original to:

Ohio Bureau of Motor Vehicles  
ATTN: Record Clearance Unit  
P.O. Box 16784  
Columbus, Ohio 43216-6784

Make a copy of this form and retain it as part of your Living Will Declaration.

*[This form must be signed by two witnesses. If the donor is under the age of 18, a parent or legal guardian must sign as one of the two witnesses.]*

*[This form should be used to state your intentions to be included in or removed from the Ohio Bureau of Motor Vehicles Donor Registry.]*

Please indicate below:

Please include me in the Donor Registry

Please remove me from the Donor Registry



Print or type full name of living donor \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License or ID Card Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

In the hope that I, \_\_\_\_\_ (name of donor), may help others upon my death, the following are my directions regarding donation of all or part of my body.

\_\_\_ On my death, I make an anatomical gift of my organs, tissues, and eyes for any purpose authorized by law.

***OR***

\_\_\_ On my death, I make an anatomical gift of the following specified organ, tissues, or eyes for any purposes indicated below:

- |                                     |                                   |  |                                       |
|-------------------------------------|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Any or all | <input type="checkbox"/> Liver    | <input type="checkbox"/> Bone/ligament | <input type="checkbox"/> Heart valves |
| <input type="checkbox"/> Heart      | <input type="checkbox"/> Kidneys  | <input type="checkbox"/> Veins         | <input type="checkbox"/> Skin         |
| <input type="checkbox"/> Lung       | <input type="checkbox"/> Pancreas | <input type="checkbox"/> Eyes          | <input type="checkbox"/> Other        |

Any purpose authorized by law or, specifically as indicated below:

- Transplantation
- Therapy
- Research
- Education
- Advancement of medical science
- Advancement of dental science

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Date of Birth of Donor \_\_\_\_\_ Date Signed

\_\_\_\_\_  
Witness \_\_\_\_\_ Date

\_\_\_\_\_  
Witness \_\_\_\_\_ Date

For more information about organ and tissue donation, please contact [www.donatelifeohio.org](http://www.donatelifeohio.org) or your local organ procurement organization.

**Lifeline of Ohio**

770 Kinnear Road, Suite 200  
Columbus, OH 43212  
(614) 291-5667  
(800) 525-5667  
[www.lifelineofohio.org](http://www.lifelineofohio.org)

**LifeBanc**

20600 Chagrin Boulevard, Suite 350  
Cleveland, OH 44122-5343  
(216) 752-5433  
(800) 558-5433  
[www.lifebanc.org](http://www.lifebanc.org)

**Life Center Organ Donor Network**

2925 Vernon Place, Suite 300  
Cincinnati, OH 45219-2425  
(513) 558-5555  
(800) 981-5433  
[www.lifecont.org](http://www.lifecont.org)

**Life Connection of Ohio  
Dayton Regional Office**

40 Wyoming Street  
Dayton, OH 45409  
(937) 223-8223  
(800) 535-9206  
[www.lifeconnectionofohio.org](http://www.lifeconnectionofohio.org)

**Life Connection of Ohio  
Toledo Regional Office**

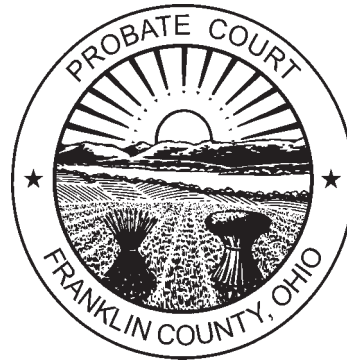
3661 Briarfield Boulevard, Suite 105  
Maumee, OH 43537-9102  
(419) 893-1618  
(800) 262-3443  
[www.lifeconnectionofohio.org](http://www.lifeconnectionofohio.org)

It is important to let your loved ones know that you have Advance Directives. This card is provided for your use. Please complete the card and place it in your wallet or purse so your wishes will be known to medical professionals.

Forms located: _____	_____
My Healthcare Power of Attorney(s)/Agent(s):	_____
<i>Primary</i>	_____
Name: _____	_____
Phone: _____	_____
<i>Secondary</i>	_____
Name: _____	_____
Phone: _____	_____
<input type="checkbox"/> I have a Living Will.	_____
<input type="checkbox"/> I have a Healthcare Power of Attorney Form.	_____
<input type="checkbox"/> I am an Anatomical Gifts Donor and have registered with the Bureau of Motor Vehicles.	_____
Name: _____	_____
Address: _____	_____
City: _____	_____
State: _____	Zip: _____
	Phone: _____

**Emergency Health Care Information**

*Advance Directives Wallet Card*



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