

Ohio Donor Registry Enrollment Form

If you have NOT already registered as a donor with the Ohio Bureau of Motor Vehicles (BMV) when renewing a driver license or state ID, the Ohio Donor Registry Form must be filed with the BMV to ensure your wishes concerning organ and tissue donation will be honored. This document will serve as your authorization to recover the organs and/or tissues indicated at the time of your death, if medically possible. In submitting this form, your wishes will be recorded in the Ohio Donor Registry maintained by the BMV and will be accessible only to the appropriate organ and tissue recovery agencies at the time of death. Be sure to share your wishes with loved ones so they are aware of your intentions. This form can also be used to amend or revoke your wishes for donation.

To register, please complete and mail this enrollment form to:

Ohio Bureau of Motor Vehicles
 Attn: Records Request
 P.O. Box 16583
 Columbus, OH 43216-6583

Last Name:	First Name:	Middle Name:
Mailing Address:		
Phone:	Date of Birth:	Social Security No. or Driver's License No.:

OPTION 1: Upon my death, I make an anatomical gift of ALL of my organs, tissues, and eyes for ANY PURPOSE authorized by law.

OPTION 2: Upon my death, I gift of the following organs, tissues, and/or eyes selected below:

Purpose:

For ANY PURPOSE authorized by law; OR

Transplantation Therapy Research Education.

Body Parts:

All Organs, tissues, and eyes, OR

Only the following body parts:

Heart Lungs Pancreas/Islet Cells Liver Kidneys
 Intestines Veins Small Bowel Eyes/Corneas Bone Fascia
 Skin Tendons Ligaments Nerves

OPTION 3: Please take me out of the Ohio Donor Registry.

/s/
 DECLARANT (_____)

_____ Date