

Be an Angel



The Kentucky Organ Donor Registry

Organ, eye and tissue donation represents a gift of life from one individual to another. The Kentucky Organ Donor Registry ensures that those who want to donate may do so.

Yes! Sign me up Today!

I wish to donate my organs, eyes and tissues to save or further enhance someone's life through transplantation.

Please Print Neatly. All fields, except e-mail, must be completed.

Name: _____
(First) (Middle Initial) (Last)

Date of birth: ____/____/____ Telephone # _____

Drivers License or State ID # _____ Gender: ___Male ___Female

Street Address: _____

City: _____ State: _____ ZIP: _____

If you have an out-of-state drivers license, are you listed on that state's registry?
_____ If so, what state? _____

E-mail address: _____
Necessary if you wish to edit your registration online

Terms & Conditions: By submitting this registration I affirm that I am the applicant described on this application and that the information entered herein is true and correct to the best of my knowledge. This form will serve as donor document of gift as outlined in the Uniform Anatomical Gift Act. A document of gift, not revoked by the donor before death, is considered legal authorization for donation and does not require the consent of another. If I am under 18 years of age, I understand that consent must be obtained from my parents or legal guardian at the time of donation. **All information is kept confidential and is only available to organ and tissue procurement agencies.**

Signature: _____ Today's date: ____/____/____

_____ *For Witness only* _____

Be sure to notify registrants that this information will not be entered into the Registry database immediately and that they should inform their family of their decision.

Name of witness: _____