


Please print clearly and complete all required fields.* We also recommend including your e-mail or phone number so that we can contact you in the event that any required information is missing.

First Name*	
Middle Name	
Last Name* <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.	
Date of Birth* (mm/dd/yy) / /	

Mother's Maiden Name*

Gender* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Driver's License/ID#*	State
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Street Address*

City*	State*	Zip*
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E-mail	Phone
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Ethnicity

Caucasian African American Hispanic/Latino Asian Native American Multiracial

Donation Options*: (check one)

I WISH TO DONATE ANY NEEDED ORGANS AND TISSUE.

SPECIFY LIMITATIONS. I wish to donate only the following:

Heart Lungs Liver Kidneys Pancreas Small Intestine Whole Eyes Corneas

Skin Bone Veins Tendons & Ligaments Heart Valves & Associated Cardiovascular Tissue

Should it be determined that the consented gifts are unsuitable for transplantation, authorization is granted for these gifts to be placed for medical research/education purposes: YES NO

I hereby give consent to release any information and reports pertaining to the evaluation, use, and follow-up of my donated organs, eyes, and/or tissue to authorized personnel in order to determine the medical suitability and safety of these gifts. This information includes hospital records and post mortem reports. Under the North Carolina Uniform Anatomical Gift Act (Session Law 2007-538), an anatomical gift not revoked by the donor before death is irrevocable and does not require consent or concurrence of any person after the donor's death. The law also authorizes any examination necessary to assure the medical acceptability of the anatomical gift.

In order to comply with my wishes, representatives from all organ, eye, and tissue procurement entities serving North Carolina are authorized to review copies of medical records, test for hepatitis, HIV, syphilis, and conduct any other examination to determine the medical suitability of the anatomical gift.

A different location may be needed to carry out the recovery of donated organs, eyes and tissues. In that case, my body may be transferred to an alternative surgical facility such as a nearby hospital or surgery suite for the recovery of organs, eyes and tissues.

I may also indicate my consent to be a donor by having a heart placed on my license at the NC Division of Motor Vehicles (DMV) but this is a separate registration process. If I wish to change or revoke this donation consent, I will need to do so through the Donate Life North Carolina website at www.donatelifenc.org.

Donor Signature X	Date
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