



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

ORGAN DONOR REGISTRY ENROLLMENT

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

Ohio Bureau of Motor Vehicles
Attn: BMV Records
P.O. BOX 16520
Columbus, OH 43216-6520

PLEASE PRINT

LAST NAME		FIRST	MIDDLE
MAILING ADDRESS			
CITY		STATE	ZIP
PHONE	DATE OF BIRTH	*STATE OF OHIO DL / ID CARD OR SSN	

DONOR REGISTRY ENROLLMENT OPTIONS

OPTION 1

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

OPTION 2

Upon my death, I make an anatomical gift of the following organs, tissues, and / or eyes selected below:

ALL ORGANS, TISSUES AND EYES

ORGANS

HEART

LUNGS

LIVER (AND ASSOCIATED VESSELS)

KIDNEYS (AND ASSOCIATED VESSELS)

PANCREAS / ISLET CELLS

INTESTINES

SMALL BOWEL

TISSUES

EYES / CORNEAS

HEART VALVES

BONE

TENDONS

LIGAMENTS

VEINS

FASCIA

SKIN

NERVES

For The Following Purposes Authorized By Law:

ALL PURPOSES

TRANSPLANTATION

THERAPY

RESEARCH

EDUCATION

OPTION 3

Please remove my name from the Ohio Donor Registry.

SIGNATURE OF DONOR REGISTRANT X	DATE
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*In order to make an anatomical gift of your organs, you must have an Ohio driver license or identification card number.

In accordance with Ohio Revised Code Section 2108.05(C), once you have consented to make an anatomical gift to be displayed on your Ohio driver's license or identification card, there is no reconfirmation requirement to make an anatomical gift upon renewal of your Ohio driver's license or identification card. The authorization shall remain in effect until withdrawn or amended by the donor. No other person is authorized to amend or revoke an anatomical gift on behalf of the donor.