

DONOR REGISTRATION FORM

Nevada: Pursuant to NRS 451.500et seq.

Please fill out the form below to register as an organ and tissue donor. By registering as a donor you consent to donate your organs and tissues at the time of your death. Organs and tissues will be recovered for the purpose of transplantation. However, in the event a donated organ or tissue cannot be used for transplant, an effort will be made to use the donation for research.

First Name: Last Name: Middle Name:

Address:

City: State: Zip:

Gender: Male Female Date of Birth (MM/DD/YYYY):

E-mail Address (for confirmation of your donor registration):

Last four digits of your Social Security Number (for ID verification purposes only):

Limitations - If there are specific organs and tissues you do NOT wish to donate, then list them here. Also, indicate here if you do not wish your donation to be used for research:

How did you hear about the Nevada Donor Registry?

To become a registered donor online, please visit our website: www.nvdonor.org

For More Information:

Nevada Organ and Tissue Donor Task Force, Inc.
(775) 784-6171

California Transplant Donor Network
(888) 570-9400

Intermountain Donor Services
(801) 521-1755

Sierra Donor Services
(877) 401-2546

RETURN FORM TO:

Nevada Donor Network, Inc.
2061 East Sahara Ave.
Las Vegas, NV 89104
(702) 796-9600 Phone
(702) 796-4225 Fax

Donor Signature:

Date: