IDAHO DONOR DOCUMENT OF GIFT

When filling out the form below, please print in black ink and use capital letters as shown in the example.

Date of Birth:

M M D D Y Y Y Y

EXAMPLE:

1 2 3 A B C

Driver License # or State ID #:

Driver License State:

First Name:

Middle Name:

Last Name:

Street Address:

City:

State:

Zip Code:

Organ and Tissue Donation Limitations:

Please choose one of the following options to indicate whether you would like to place limitations on the organs and/or tissues to donate:

○ Upon my death, I wish to •ive any needed organs, eyes, tissues or parts

○ Upon my death, I wish to limit my anatomical gift to only those items checked below:

ORGANS:
○ Heart
○ Lungs
○ Kidney
○ Small Bowel
○ Pancreas/Islet Cells
○ Liver/Hepatocyte Cells

TISSUES:
○ Heart for Valves
○ Skin Grafts
○ Bones or Connective Tissue
○ Blood Vessels
○ Cornea/Eyes

Please indicate whether you would like to place any limitations regarding the use of donated organs and tissue.

*I DO NOT authorize the use of my anatomical gift designated in this document for the following purposes: (Mark all that apply):

○ Therapy ○ Research ○ Education

*Organ and tissue donation is not affiliated with the whole body donor program.

○ I wish to limit my gift of tissues or parts to only non-profit procurement entities.

I understand that I may access this information by visiting any Idaho driver licensing office or by accessing information on the internet at www.yesidaho.org, or by calling the Idaho Donor Registry at (866) 937-4324. I understand that this Document of Gift authorizes any reasonable examination and release of medical records necessary to assure medical acceptability of the gift for the purpose intended.

Applicant Signature (Required)

M M D D Y Y Y Y

Today's Date

Parent/Legal Guardian Signature (Required if applicant is UNDER AGE 18)

To amend or revoke this Idaho Document of Gift, call the Idaho Donor Registry at (866) 937-4324. Your most current Document of Gift supercedes any previous registrations. There is no cost for registration, or for changes to your Document of Gift. If you wish to remove "Donor" from your driver license, a driver license re-issue fee will apply. For more information, visit www.yesidaho.org, or call toll-free (866) 937-4324

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