



DONOR REGISTRATION FORM

YES, I wish to donate my organs, eyes, and tissues upon my death to save or improve someone's life through transplantation.

Joining the Donor Registry means you have elected to save lives by donating your organs, eyes, and tissues at the time of your death. The Yes Idaho Donor Registry is managed by Intermountain Donor Services, the federally designated, non-profit organ procurement organization that serves the Intermountain West.

Please discuss this decision with your family. This is a legally binding document.

Date of Birth:

Driver License # or State ID # (Optional):

First Name:

Middle Name:

Last Name:

Street Address:

City:

State:

Zip Code:

Email (Optional):

If there are specific organs and tissues you do NOT wish to donate, please list them here:

Signature (Required):

Today's Date:

WHY WAIT? START SAVING LIVES TODAY!

If you are between the ages of 18 and 65 and would like more information about becoming a living kidney donor, please visit www.yesidaho.org or call 1-801-521-1755.