

ORGAN DONOR REGISTRATION

You only need to register ONCE - even if you move. No registration confirmation will be sent. If you wish confirmation, please contact us at 1-800-663-6189

confirmation, please contact us at 1-800-66	3-0109
BC Care Card No. (Personal Health No.)	
Date of Birth	
Gender Male Month Day Female	
Surname	
First Name	
Address	
City]
Postal Code	
E-mail	
I hereby consent to the following donation after (Please check ONE BOX only.)	er my death:
1. All organs and tissues needed for transplant transplant research or	nt or
All organs and tissues needed for transpla	nt only <u>or</u>
All organs and tissues needed for transplar the following: (check those you DO NOT wan	nt EXCEPT at to donate)
Heart Kidneys Eye	es
Lung Pancreas Ski	n
Liver Bowel Bor	ne <u>or</u>
4. I do not wish to be a donor. This completed form constitutes a legally valid consent under the Hu and meets the criteria of the BC Freedom of Information and Protect	ıman Tissue Gift Ac iion of Privacy Act
Signature: (A parent/guardian must sign if registrant is under the age of 19	9)
Date of Signature:	