

# 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: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth:	M.D.Y.
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 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 register donor online, please visit our website: [www.nvdonor.org](http://www.nvdonor.org)

## Information Contacts:

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 Eye Tissue Donor Services  
(775) 323-1566

## Return Form to:

Nevada Donor Network, Inc.  
2085 East Sahara Ave.  
Las Vegas, NV 89104  
(702) 796-9600 Phone  
(702) 796-4225 Fax

Donor Signature:	Date:
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