To register, please complete and mail this enrollment form to:

Ohio Bureau of Motor Vehicles  
Attn: BMV Records  
P.O. BOX 16520  
Columbus, OH 43216-6520

**PLEASE PRINT**

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<th>LAST NAME</th>
<th>FIRST</th>
<th>MIDDLE</th>
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<th>PHONE</th>
<th>DATE OF BIRTH</th>
<th>*STATE OF OHIO DL / ID CARD OR SSN</th>
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**DONOR REGISTRY ENROLLMENT OPTIONS**

**OPTION 1**  
☐ Upon my death, I make an anatomical gift of my organs, tissues, and eyes for any purpose authorized by law.

**OPTION 2**  
☐ Upon my death, I make an anatomical gift of the following organs, tissues, and / or eyes selected below:

- ORGANS
  - ☐ HEART
  - ☐ LUNGS
  - ☐ LIVER (AND ASSOCIATED VESSELS)
  - ☐ KIDNEYS (AND ASSOCIATED VESSELS)
  - ☐ PANCREAS / ISLET CELLS

- TISSUES
  - ☐ EYES / CORNEAS
  - ☐ VEINS
  - ☐ HEART VALVES
  - ☐ FASCIA
  - ☐ BONE
  - ☐ SKIN
  - ☐ TENDONS
  - ☐ NERVES
  - ☐ LIGAMENTS

For The Following Purposes Authorized By Law:

- ☐ ALL PURPOSES
- ☐ TRANSPLANTATION
- ☐ THERAPY
- ☐ RESEARCH
- ☐ EDUCATION

**OPTION 3**  
☐ Please remove my name from the Ohio Donor Registry.

**SIGNATURE OF DONOR REGISTRANT**  
X

**DATE**

*In order to make an anatomical gift of your organs, you must have an Ohio driver license or identification card number.

In accordance with Ohio Revised Code Section 2108.05(C), once you have consented to make an anatomical gift to be displayed on your Ohio driver's license or identification card, there is no reconfirmation requirement to make an anatomical gift upon renewal of your Ohio driver's license or identification card. The authorization shall remain in effect until withdrawn or amended by the donor. No other person is authorized to amend or revoke an anatomical gift on behalf of the donor.