Please use **black** ballpoint pen.
Print in **CAPITAL** letters

A	B	C	D	E	F	G

Shade circles like this: ●

Sign up now. It's important. If you have not indicated your wishes on your driver's license, please take a few minutes to complete this Donor Registry Form and mail it to us.
You may also register immediately at our website, www.alabamaorgancenter.org.

In order to be entered into the Registry, please complete all items and return your completed form to:
Legacy Donor Registry
Alabama Organ Center
502 20th Street South, Suite 100
Birmingham, AL 35233

1. Title ◯ Mr. ◯ Mrs. ◯ Ms.

First Name | I. | Last Name

Mailing Address | E-mail Address

City | County | State | Zip

State: AL

Date of Birth: / /

Social Security Number*: XXXXX

*Social Security number is the source of identification used by hospitals to identify a registered donor. All information is held in the strictest confidence.

Driver's License/ State Identification

Ethnicity: ◯ White ◯ African American ◯ Hispanic ◯ Native American ◯ Asian ◯ Other

Gender: ◯ Male ◯ Female

2. Organs to be donated:
(Fill in all that apply)

- ◯ All Organs Listed Below
- ◯ Kidneys ◯ Lungs
- ◯ Heart ◯ Pancreas
- ◯ Liver ◯ Small Bowel
- ◯ Transplantation Only
- ◯ Transplantation and/or Research

Tissues to be donated:
(Fill in all that apply)

- ◯ All Tissues Listed Below
- ◯ Heart Valves ◯ Bones Above the Waist
- ◯ Skin Grafts ◯ Bones Below the Waist
- ◯ Eyes/Cornea ◯ Soft Tissue (includes ligaments, tendons and blood vessels)
- ◯ Transplantation Only ◯ Transplantation and/or Research

3. _____ Your Signature is Required