



Be the miracle of organ donation.

Dear Client:

You are making many important decisions regarding your estate. Now, I would like to ensure you have one more opportunity you may not have already considered – the opportunity to make an anatomical gift upon your death. By making the donation of your organs, eyes and/or tissues you have the potential to dramatically improve or save the lives of many others. My role, as your advisor, is to make sure you have access to the appropriate information and resources to help guide you in making this decision.

While I am not an expert in medicine, I can tell you that donation has no impact on life-saving medical care you receive in the hospital. It has no financial impact on your family or estate, and donation does not impact the type of memorial service after death.

I'm also aware that many people mistakenly believe that their advanced age or medical history makes them ineligible to be a donor. In fact, there are no age limitations. The physical and medical condition of the donor at the time of their death will determine which organs and tissue can be donated.

By enrolling in the New York State Donate Life Registry, and thereby giving your consent to become a donor, you will also be relieving your next of kin of the burden of making that decision on your behalf. Studies show that family members often decline donation when they do not already know the wishes of their loved one. So I strongly encourage you to discuss your decisions about organ donation with your entire family.

Studies have also shown that not only do the recipients of these charitable gifts greatly benefit from donation, but grieving family members often find comfort knowing that the life of their loved one lives on.

At this time I can facilitate your enrollment in the New York State Donate Life Registry, or guide you to the appropriate resources to enable your thoughtful decision in this matter.

Thank you for considering this important opportunity.

Sincerely,  
Your Attorney

For more information on organ donation, please visit the following sites:

<http://donatelife.net/>

<http://www.health.ny.gov/professionals/patients/donation/organ/>

<http://blifeny.org/>

<http://www.donorrecovery.org/>

Also, feel free to email Dr. Christopher Barry, Associate Professor of Transplant Surgery at the University of Rochester Medical Center with any questions:

[chris\\_barry@urmc.rochester.edu](mailto:chris_barry@urmc.rochester.edu)

**NEW YORK**  
state department of  
**HEALTH**

Nirav R. Shah, M.D., M.P.H.  
Commissioner

Sue Kelly  
Executive Deputy Commissioner

**NYS Donate Life Organ and Tissue Donor Registry Enrollment Form**

**Please Print** (\* required )

Prefix: \_\_\_\_\_ (Dr., Fr., etc)

\*First Name: \_\_\_\_\_

Middle Init: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_ (Jr, Sr, II, etc)

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Gender: \_\_\_\_Male\_\_\_\_Female

\*Height: \_\_\_\_feet\_\_\_\_inches \*Eye Color: \_\_\_\_\_

9- digit Motor Vehicle license or non-driver license DMV issued ID number: \_\_\_\_\_

\* I offer the donation of:

- All Organs, Tissues and Eyes
- Limited Organs, Tissues and Eyes as specified below  
Please CHECK the box of the organs and tissues that YOU WISH TO DONATE:
  - Bone and Connective Tissue
  - Corneas
  - Eyes
  - Heart (For Valves)
  - Heart with Connective Tissue
  - Kidneys
  - Liver/Iliac Vessels
  - Lungs
  - Pancreas (with Iliac Vessel)
  - Skin
  - Small Intestine
  - Veins

\* I wish to donate the organs and or tissues specified above for:

- Transplantation and Research
- Transplantation only
- Research only

I wish to enroll in the New York State Donate Life Organ and Tissue Donor Registry maintained by the State Department of Health. I understand that by enrolling in the registry I am giving legal consent to the donation of my organs tissues and eyes (as specified above) in the event of my death. I authorize the State Department of Health to access this information as needed in administration of the registry, and to share this information at or near the time of my death with federally regulated organ procurement organizations, New York State licensed tissue and eye banks and entities formally approved by the Commissioner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail to: **New York State Donate Life Organ and Tissue Donor Registry**  
**NYS Department of Health**  
**875 Central Avenue**  
**Albany, NY 12206**